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HAWAII MEDICAL JOURNAL

and

INTER-ISLAND NURSES' BULLETIN

VOLUME 15 SEPTEMBER-OCTOBER, 1955 NUMBER 1



OF MEDICINE
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Number 1

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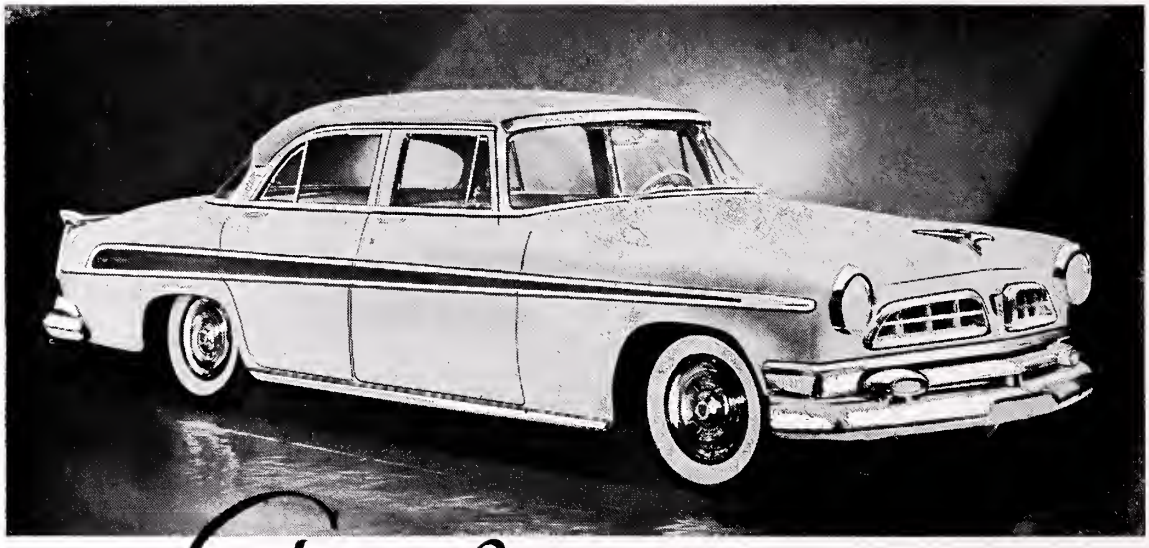
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The organisms commonly involved in

Acute pelvic inflammatory disease



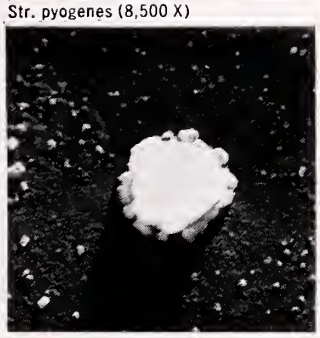
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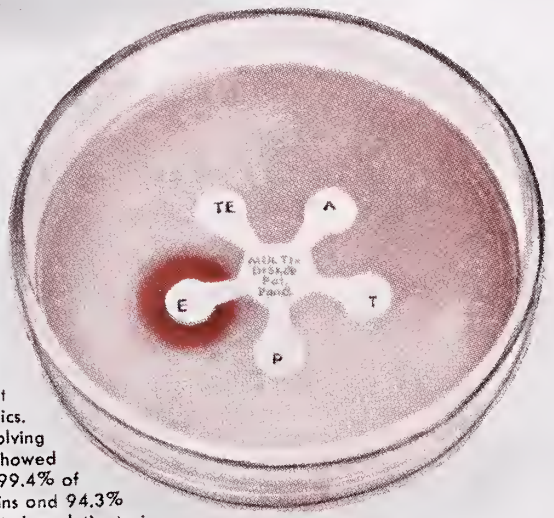
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1. Eisenberg, et al., Antib. & Chemo., 3:1026-1028, Oct., 1953.

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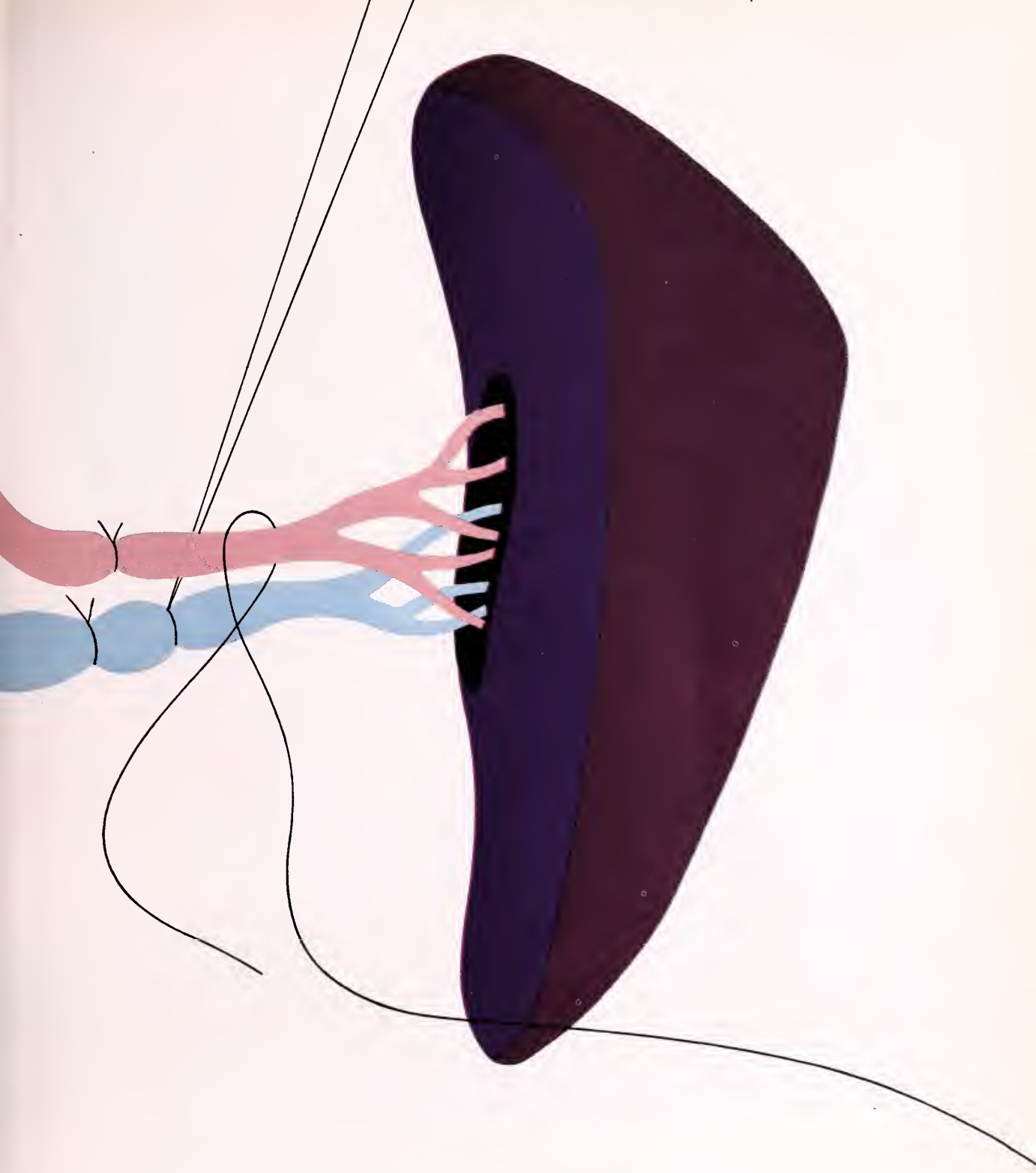
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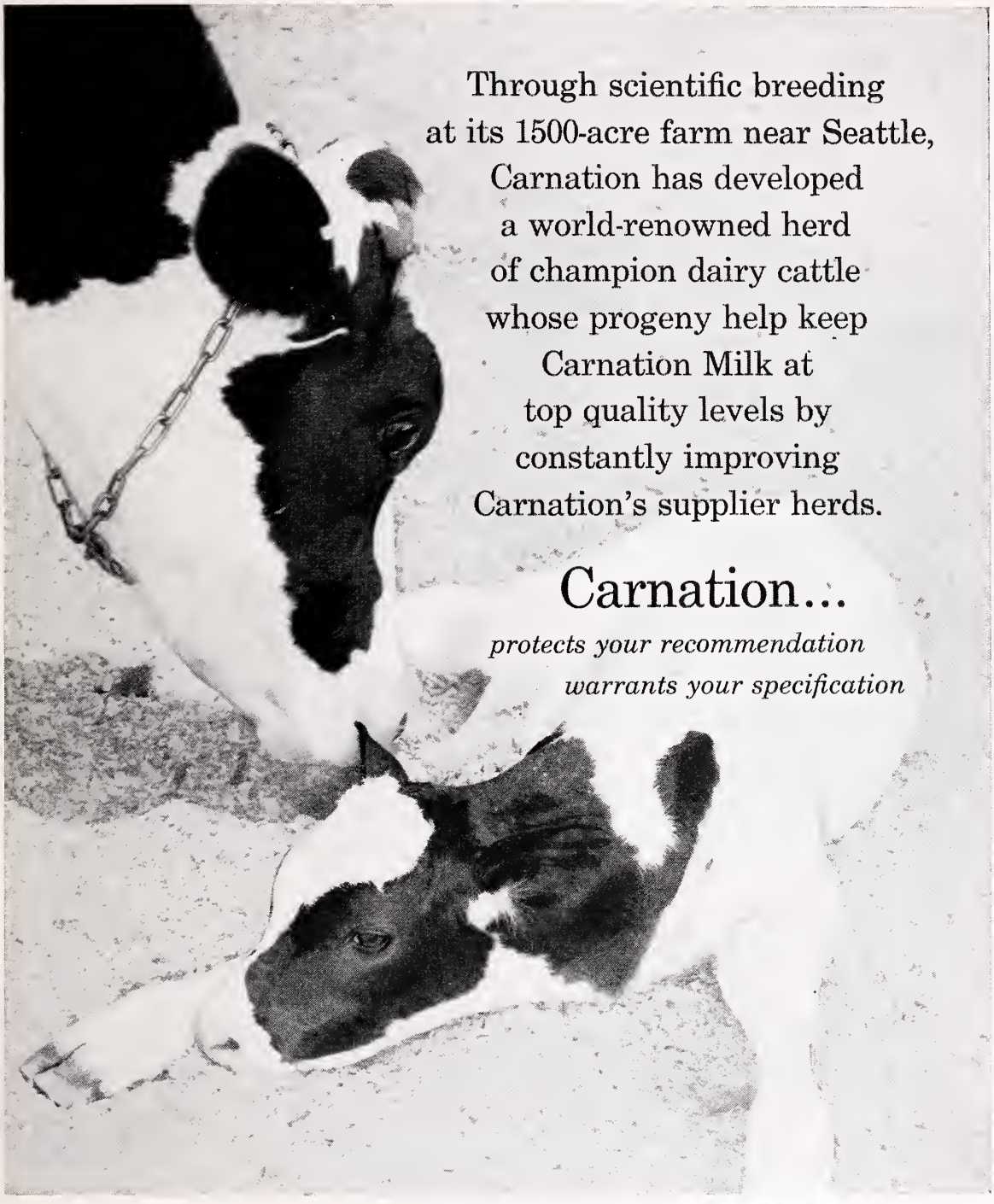
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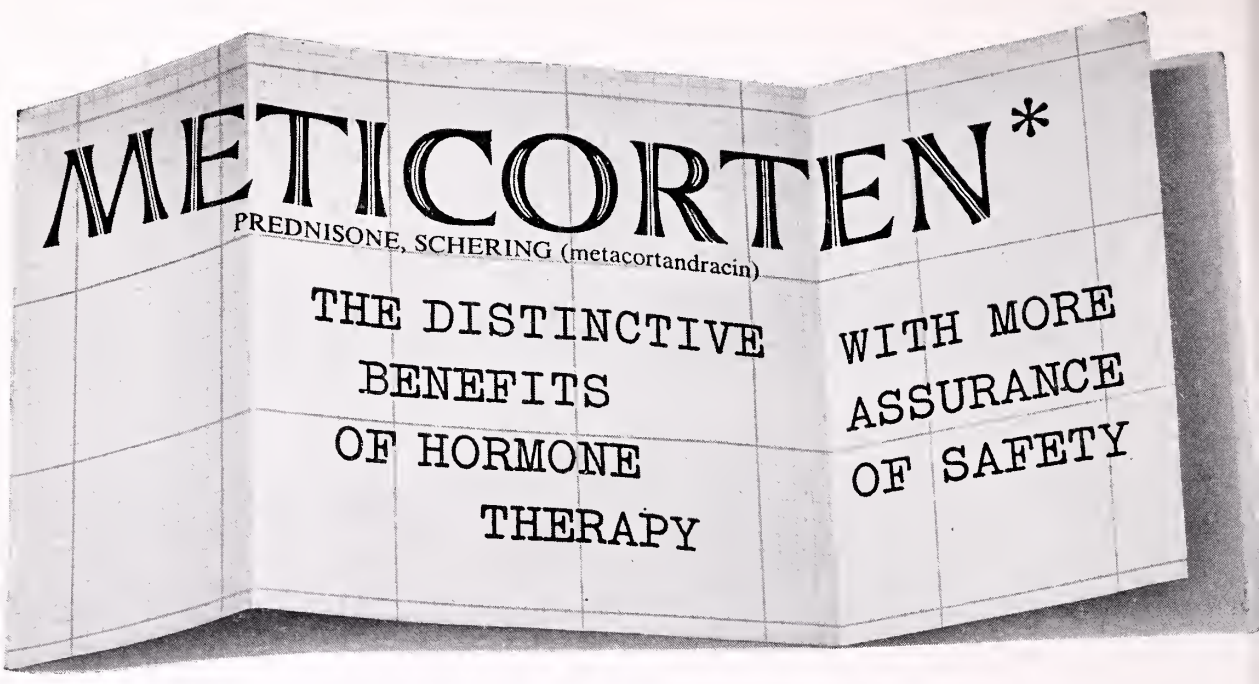
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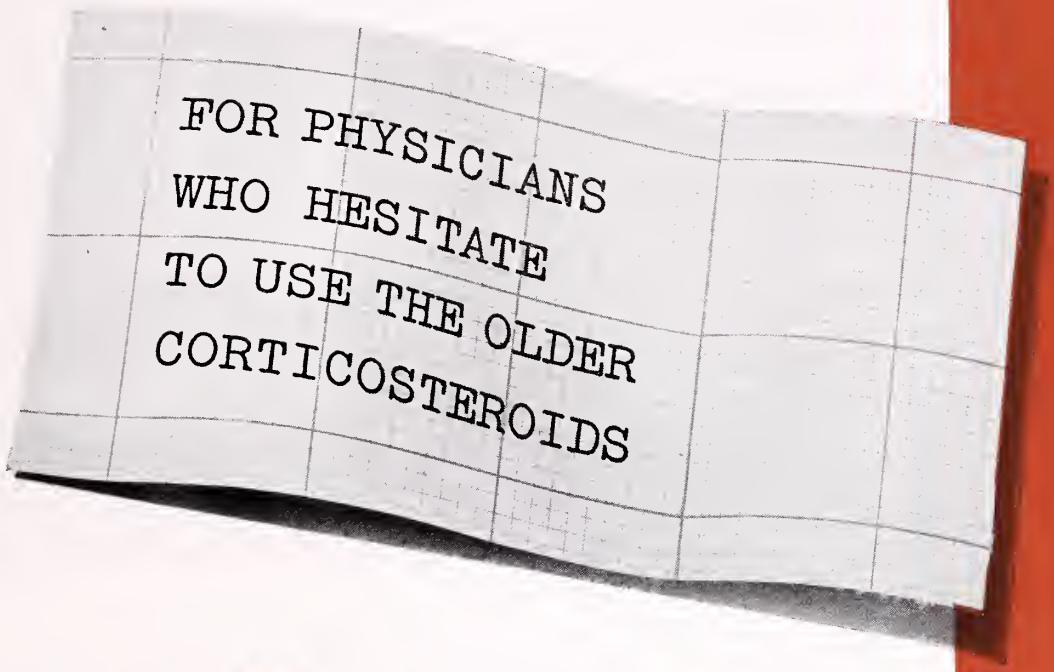
(1) Bunim, J. J.; Pechet, M. M., and Bollet, A. J.: J.A.M.A. *157*:311, 1955. (2) Gray, J. W., and Merrick, E. Z.: J. Am. Geriat. Soc. *3*:337, 1955. (3) Boland, E. W.: California Med. *82*:65, 1955. (4) Dordick, J. R., and Gluck, E. J.: J.A.M.A. *158*:166, 1955. (5) Margolis, H. M., and others: J.A.M.A. *158*:454, 1955. (6) Hollander, J. L.: Philadelphia Med. *50*:1357, 1955. (7) Barach, A. L.; Bickerman, H. A., and Beck, G. J.: Dis. Chest *27*:515, 1955. (8) Arbesman, C. E., and Ehrenreich, R. J.: J. Allergy *26*:189, 1955. (9) Skaggs, J. T.; Bernstein, J., and Cooke, R. A.: J. Allergy *26*:201, 1955. (10) Schwartz, E.: J. Allergy *26*:206, 1955. (11) Nelson, C. T.: J. Invest. Dermat. *24*:377, 1955. (12) Robinson, H. M., Jr.: J.A.M.A. *158*:473, 1955. (13) Herzog, H. L., and others: Science *121*:176, 1955. (14) Perlman, P. L., and Tolksdorf, S.: Fed. Proc. *14*:377, 1955. (15) King, J. H., and Weimer, J. R.: Experimental and clinical studies on Meticorten (prednisone) and Meticortelone (prednisolone) in ophthalmology, A.M.A. Arch. Ophth., in press. (16) Barach, A. L.; Bickerman, H. A., and Beck, G. J.: Clinical and physiological studies on the use of metacortandracin in respiratory disease. II. Pulmonary emphysema and pulmonary fibrosis, Dis. Chest, to be published. (17) Dordick, J. R., and Gluck, E. J.: Preliminary clinical trials with prednisone (Meticorten) in systemic lupus erythematosus, A.M.A. Arch. Dermat. & Syph., in press. (18) Goldman, L.; Flatt, R., and Baskett, J.: Assay technics for local anti-inflammatory activity in the skin of man with prednisone (Meticorten) and prednisolone (Meticortelone), J. Invest. Dermat., in press.

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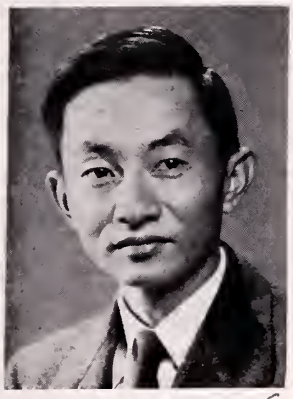
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DUODENAL ATRESIA AND STENOSIS

ROY T. TANOUE, M.D., Honolulu

DUODENAL atresia and stenosis is encountered primarily in the newborn and is of such a nature that delay in diagnosis and treatment carries a formidable mortality rate. Surgical treatment carries with it an immediate postoperative death rate up to 75%. More of these cases can be salvaged if the diagnosis is made early and proper surgical procedure carried out, provided no other complications exist. There are several reasons why this is so:



DR. TANOUE

1. The gastro-intestinal tract is relatively sterile for the first three days of life.
2. Hydration and electrolyte balance are fairly good unless severe intractable vomiting has taken place.
3. The newborn tolerates surgery fairly well and with good administration of anesthesia, the risks are considerably decreased.
4. There is better knowledge today of parenteral therapy in respect to protein, fluid, electrolyte and caloric balance.
5. Various effective drugs and antibiotics are available to control infection.

Embryology

Most of the fundamental changes associated with atresia and stenosis take place in the first five to ten weeks of fetal life. The gastro-intestinal tract is an open lumen from mouth to anus prior to the fifth week. In the following weeks a proliferation of the epithelium takes place producing an occluded gastro-intestinal tract. Later, a vacuolization begins to take place, and depending on how completely this process continues, the gastro-intestinal tract becomes either patent throughout, partially patent (stenosis) or completely occluded (atresia). In the latter two conditions this gives rise to either an incomplete or a complete obstruction. A small percent of cases have multiple sites of occlusion and therefore it is necessary to determine the patency of the gastro-intestinal tract at the time of surgery. The important thing, however, is to establish the fact *that* an obstruction exists, and not *where* it exists.

Read before the ninety-ninth annual meeting of the Hawaii Medical Association, May 6, 1955.

Clinically one notes in these infants a very typical history. The following conditions are found:

1. Regurgitation and vomiting which persists from the first day. There is progressive loss of fluid and electrolytes. The vomitus may or may not contain bile, depending on the site of obstruction. The presence of bile may not be a reliable criterion as to the site of obstruction, because anomalous bile ducts may enter the stomach. The vomitus may or may not contain blood. Drs. Morgan and Jones feel that the presence of blood is pathognomonic of atresia.
2. Distention may or may not be present.
3. Peristaltic waves may or may not be visible.
4. Jaundice is usually present.
5. Stools may vary from normal-looking meconium to small, hard, greyish-green to yellow stools. Of those in the series collected here, the stools were very unreliable as an aid in determining whether or not an obstruction was present.

Farber's test was used in two instances and in one, epithelial cells were seen. However, this patient had an atresia. Farber's test, if done properly, may be of help but not necessarily diagnostic. As we all know, meconium is dark greenish black in color and soft. It is made up of swallowed amniotic fluid (vernix caseosa), secretions from the gastro-intestinal tract and dead cells from the intestinal lining.

Farber's test utilizes smears to detect swallowed squamous epithelial cells of the vernix caseosa. However, unless one secures a sample from the center of the stool, a false positive test may result.

Diagnosis

Vomiting during the first day of life and continuing into the second day should immediately be investigated. The quickest method is to secure a flat film or preferably an upright film of the abdomen which reveals characteristic findings in nearly all instances. Barium given through an inlying stomach tube is not necessary and may be harmful; if given, it should be removed from the stomach after the examination. If radio-opaque material is to be used, it would be preferable to use an oil such as lipiodol, as this carries minimal bad effects should aspiration occur.

Treatment

The diagnosis having been confirmed, operation is indicated at the earliest opportunity, following rapid correction of dehydration and electrolyte imbalance. Since laborious testing of fluid



FIG. 1.—Normal: gas in stomach and gas in small intestines.

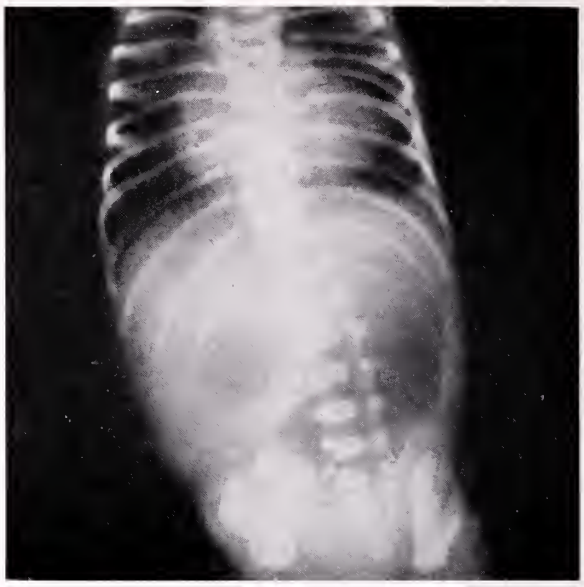


FIG. 2.—Atresia, second part of duodenum. Gas in stomach and duodenal cap, absence of gas in intestines.

TABLE 1.—*Summary of findings and treatment in 7 cases of atresia of the duodenum.*

PT.	SEX	BIRTH WT.	DEHY-DRATION	DISTEN-TION	ONSET VOMITING	VOMITUS	MECONIUM STOOL	WT. LOSS	AGE AT SURGERY	SITE	TYPE OF SURGERY	PATHOL.	RESULT
I.H.	F	6#	?	?	3rd Day	Greenish	Scant	12 oz.	5 days	3	Ant. Gastro-jejunostomy	Atresia	S
K	F	3# 6	?	0	2	Greenish	Scant*	6	4	2	Ant. Gastro-jejunostomy	Atresia	D
P	M	6# 14	+	?	2	?	Normal	15	9	2	Ant. Gastro-jejunostomy	?	S
N	M	5# 11	+	?	2	Coffee ground	Scant Y. B.	4.5	4 14	2	Ant. Gastro-jejunostomy Duodenojejunostomy	Atresia	D
S.P.	F	4# 3	++	?	1	Greenish Brown	Scant	?	5	2	Duodenojejunostomy	Stenosis	D
K.C.	F	6# 12	0	?	2	?	Normal	14	8 14	1	Gastrojejunostomy Jejunostomy	Atresia	D
H	F	6#	0	0	1	Green Mucoid	Normal*	0	4 14	2	Release Adhesion Jejunostomy	Stenosis	D

* Farber's test positive.

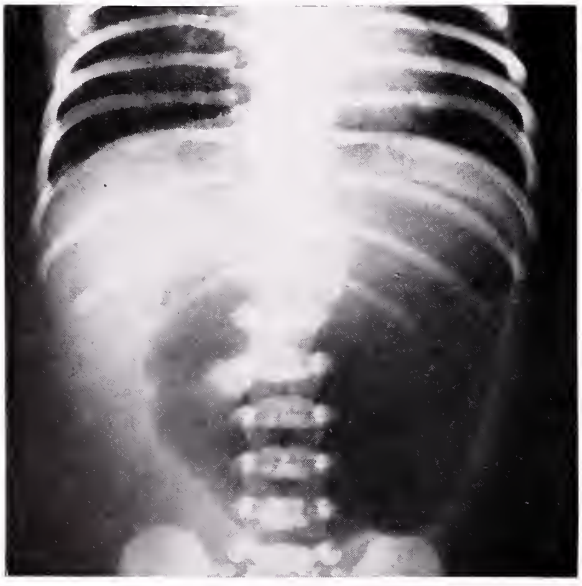


FIG. 3.—Atresia, second part of duodenum.

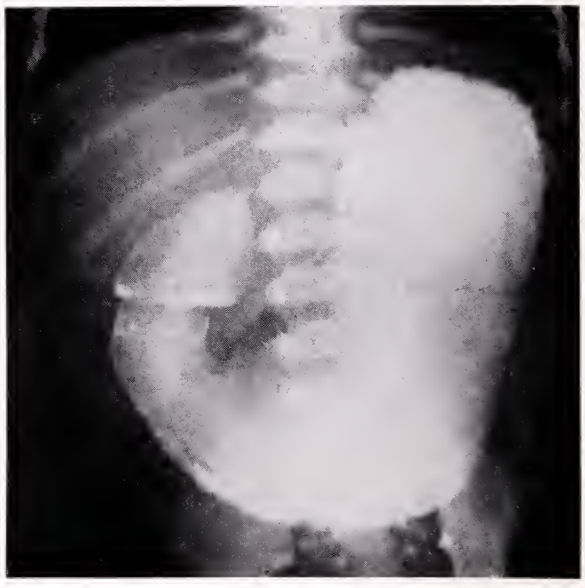


FIG. 4.—Same as Fig. 3 with barium introduced.



FIG. 5.—Lipiodol contrast in atresia of second portion of duodenum.

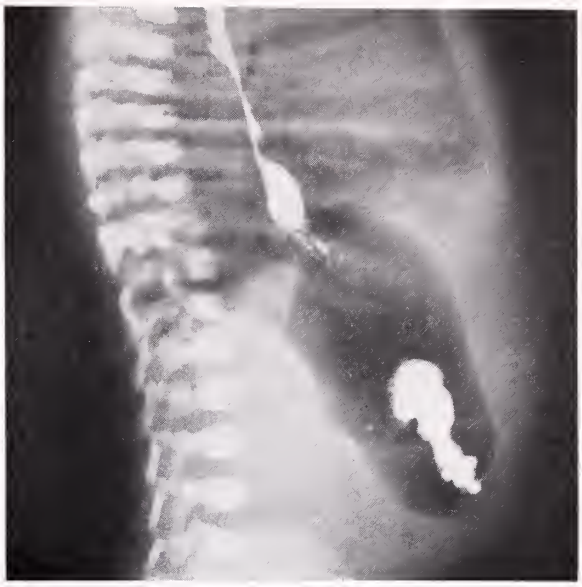


FIG. 6.—Lateral view of Fig. 5.

and electrolyte balance takes much needed time, and would be impractical in many instances, clinical judgment rather than laboratory tests has to be relied upon. In cases where the obstruction is proximal to the ampulla of Vater, a gastrojejunostomy should be done. A duodenojejunostomy, however, will be better in those cases where the obstruction is distal to the ampulla. It has been shown that the reflux of bile into the stomach can cause nausea and anorexia and the infant may not gain weight properly in the ensuing periods of growth.

Following surgery, a careful clinical evaluation of the use of parenteral fluids to prevent overhydration is necessary. With the return of bowel sounds, a soft abdomen and passage of flatus, one may start cautious feedings with glucose in water. If all goes well, regular feedings may be gradually started. Small transfusions may be given as needed to maintain the blood count and plasma protein levels. End results of therapy in our series show a mortality rate of approximately 71%. One death occurred 2¾ months post operatively from a congenital heart condition and cardiac failure. It should be mentioned here that several authors quote the incidence of Mongolian idiots in these cases of atresia to be between 13 and 33%. Therefore, a careful physical examination should be done on infants prior to surgery.

Summary

In summary, duodenal atresia and stenosis is a condition in the newborn which carries a very high mortality. Surgery, if done early, will lessen this high rate and with the present knowledge of fluid and electrolyte balance, the use of antibiotics, good anesthesia and better technical skill, the survival rate should be improved.

1010 South King Street

THE PRESENT DAY EMERGENCY TREATMENT OF BURNS

CHARLES S. JUDD, JR., M.D., AND ROGERS LEE HILL, M.D., Honolulu

ON THE third day of October, 1952, a severely burned man, 48 years old, was brought to the emergency room of a local hospital. He had been moving a can of gasoline at work, when it caught fire and set his clothing aflame. Examination revealed a man writhing and shouting with pain. He complained of thirst, but there was no other frank evidence of shock. The pulse was 88 beats per minute. There was erythema of much of the skin surface. Some areas revealed vesicular lesions and others full-thickness skin destruction. Parts involved were the anterior part of the trunk, genitalia, buttocks, arms, and right lower extremity. The estimate of surface area burned was 54 per cent.



DR. JUDD

The patient was placed on a clean sheet, his clothing was removed, and morphine was given. Phlebotomies of the saphenous veins at the ankles were performed, and constant infusions of plasma and 0.9 per cent sodium chloride instituted through polyethylene tubes inserted into the veins. A Foley indwelling catheter was inserted into the bladder, and measurement of the output of urine was made at hourly intervals. Loose skin was debrided, and a protective, occlusive, absorbent sterile dressing was applied over the burned areas. Tetanus toxoid and prophylactic antimicrobial therapy were given. Calculating the administration of plasma and electrolyte according to the formula advocated by Hill and Cherry,[1] the patient was given plasma, blood, and normal saline intravenously, and electrolytes and water by mouth, in quantity sufficient to maintain the hourly output of urine between 25 and 50 cubic centimeters.

The patient responded to therapy well, and at no time did he manifest shock. There was moderate temperature elevation during the first several days, and a week after admission, he developed a mild electrolyte disturbance. The subsequent course was fairly uneventful except for moderate infection of some of the burn sites. Eventual skin grafting and rehabilitation culminated in a satisfactory result.

Attention has been focused more sharply on burns in general, in the past nine years, because of the possibility of atomic disaster. Preparations for the handling of severe burns on a large scale have been made in most communities. The disaster of the Coconut Grove fire in 1942 gave rise to monumental work at the Massachusetts General Hospital[2] which paved the way for our present-day therapy.

Small superficial burns can be well handled usually on an out-patient basis. Analgesia is of importance, as well as a sterile protective dressing.

Extensive burns, where 10 per cent or more of the surface area is involved, provide more of a therapeutic challenge. When a patient with such a burn presents himself at an emergency room, he will often manifest marked hyperactivity. Beecher[3] has emphasized that differentiation must be made as to whether this hyperactivity results from pain, fear and hysteria, or anoxia. The latter should be considered especially when the patient has been exposed to fumes or smoke, and in this connection, an accurate history of the circumstances surrounding the burn and of the agent causing the burn is all-important. The patient as a whole must be treated as well as his burn. Patients older than 50 years especially must be evaluated in regard to cardiovascular-renal status, since they seem to tolerate burns poorly. Infants with burns of 10 per cent of their surface are more prone to suffer burn shock than adults with a similar per cent burn.[4]

If a patient's hyperactivity appears to be due to pain, the administration of morphine intravenously is indicated. He should be laid on a clean sheet and his clothing removed or cut away. At-

Received for publication January 27, 1955.

[1] Hill, R. L., and Cherry, J. W.: Burn Therapy, Territorial Medical Association, Territory of Hawaii, 1950.

[2] Faxon, N. W.: The Problems of Hospital Administration, Ann. Surg. 117:803 (June) 1943.

[3] Beecher, H. K.: Resuscitation and Sedation of Patients with Burns which Include the Airway, Ann. Surg. 117:825 (June) 1943.

[4] Evans, E. I., Purnell, O. J., Robinett, P. W., Batchelor, A., and Martin, M.: Fluid and Electrolyte Requirements in Severe Burns, Ann. Surg. 135:804 (June) 1952.

tendants should be masked. A "cut-down" on a vein, preferably at the ankle, should be performed, and an infusion of plasma or normal saline started. This should precede any local treatment of the burn.

In the pathologic physiology of a burn, circulating plasma and red blood cells are lost from the blood stream into the burned area. It is not so much a problem of actual loss of fluids from the body as it is a transfer of blood components from the intravascular compartment into the interstitial compartment. Definitive treatment with intravenous fluids is directed toward replacing the plasma and red cells in the circulation generally, so as to provide adequate blood flow and transportation of oxygen to the brain, liver, and kidney. The administration of salt is also important.

Experiences from several clinics have shown the value of estimating the extent of surface burned, and of giving colloid and electrolytes quantitatively in proportion thereto. A rapid fairly accurate method of determining the amount of surface burned is by the "rule of nines." The areas of the body are divided into multiples of nine. The area for the head and for each upper extremity is 9 per cent, that for the front of the trunk 18 per cent and back 18 per cent, and that for each lower extremity is 18 per cent. On a chart, one can map out the area burned, and get a fairly good estimate of the extent of a burn.

The surface area-weight formula as propounded by the late Everett Evans,[5] who spoke here in Hawaii a little over three years ago, is as follows: during the first twenty-four hours, 1 cc of colloidal solution and 1 cc of electrolyte solution per kilogram are given for each 1 per cent of body surface burned. Suppose we have an individual weighing 154 lbs., or 70 kg. Let us say that he has a 36 per cent burn. His requirements for the first day will be as follows:

Colloid (plasma):	$1 \times 70 \times 36 =$	2520 cc
0.9% NaCl:	$1 \times 70 \times 36 =$	2520 cc
		5040 cc

About one-half of this is given in the first eight hours, and the remainder in the second sixteen hours. Whole blood may prove of more value than plasma, and should be given, especially if much of the burn is third degree. Dextran or other plasma substitutes may be used, and Ringer-lactate solution may be substituted for normal saline if acidosis is pending. In addition, 2000 cc of 5 per cent glucose in water is given to cover insensible loss of fluid from the body. During the second twenty-four hours, about one-half of the calculated fluid is given.

This formula is for burns of up to 50 per cent of the body surface. If the burn is more extensive, it is still treated as if it were a 50 per cent burn. Overtreatment, with the development of pulmonary edema, is a constant danger, especially if there has been some respiratory burn from the inhalation of irritant gases. If the patient can tolerate fluids by mouth, this route can be used satisfactorily for much of the administration of electrolyte or fluid. A fairly palatable oral electrolyte solution contains 3 grams of sodium chloride and 1.5 grams of sodium bicarbonate per liter of water, with 40 to 50 grams of sugar and orange or strawberry flavoring added.

The above formula provides a key or starting point. The rate and amount of administration of fluid may be altered according to the measurement of the urinary output. This is accomplished by inserting a Foley catheter into the bladder and measuring the output hourly. An optimum output is between 25 and 50 cc per hour. An easy bedside test for renal concentrating power is the measurement of the specific gravity of the urine. Four-hourly estimations of hemoglobin and packed cell volume are also considered valuable. Daily bedside weighing of the patient by the means of litter scales is a valuable tool, especially for determining insensible fluid loss.[6] Four to seven days after a burn, there is usually a marked diuresis, accompanied by weight loss and increased sodium excretion. Electrolyte replacement must be instituted at this time if necessary.

As far as local treatment of the burned area is concerned, many feel that it should be handled like any traumatic wound, with debridement, cleansing, and covering with a sterile dressing. Fine mesh gauze impregnated lightly with vaseline or an ointment containing lanolin provides a good initial non-adherent dressing. This is covered by sterile gauze, followed by mechanic's waste or abdominal pads, and then roller bandage.

Several years ago, exposure or open treatment of burns was reintroduced.[7] It is felt in this therapy that the protective crust or eschar which forms and dries within two or three days itself serves as a dressing. This form of treatment has the advantages of time-saving and inexpensiveness, and is applicable perhaps most often in disasters where many burned cases must be treated. It is particularly advantageous in the treatment of burns of the face and perineum. Other forms

[5] Evans, E. I.: The Early Management of the Severely Burned Patient, Surg., Gynec., and Obst. 94:273 (Mar.) 1952.

[6] Hardy, J. D., Neely, W. A., Wilson, F. C., Jr., Milnor, E. P., and Wilson, H.: Fluid Kinetics Following Thermal Burns in Man, Surg. 34:457 (Sept.) 1953.

[7] Wallace, A. B.: Treatment of Burns, Ann. Roy. Coll. Surgeons England 5:283 (Nov.) 1949.

of local treatment include total excision of full-thickness burn wounds with immediate split-thickness skin-grafting,[8] and post-mortem homografts as temporary biological dressings until such time as autografts can be utilized.[9]

Tetanus toxoid or antitoxin administration should always be a part of initial burn therapy. Adequate antimicrobial coverage, usually with penicillin, is valuable in preventing or controlling infection. The initial enthusiasm surrounding the use of corticotropin and cortisone in the treatment of burns subsided when early good results were not substantiated by later study. Other general principles include early ambulation if possible, especially for those in the older age group, maintenance of nutrition with the use of supplementary protein and vitamins, and high caloric diets. Complications of severe burns that may need treatment are serious dilatation of the stomach and Curling's (duodenal) ulcer.

The adequate care of just one severely burned patient can be quite taxing to the emergency service of any hospital. Any developments to decrease the number of personnel involved in treating burned patients, or to expedite fluid therapy, especially in the event of a disaster, will be a great contribution in the future.

[8] Cope, O., Langohr, J. L., Moore, F. D., and Webster, R. C., Jr.: Expeditious Care of Full-thickness Burn Wounds by Surgical Excision and Grafting, Ann. Surg. 125:1 (Jan.) 1947.

[9] Brown, J. B., Fryer, M. P., Randall, P., and Lu, M.: Postmortem Homografts as "Biological Dressings" for Extensive Burns and Denuded Areas, Ann. Surg. 138:618 (Oct.) 1953.

1133 Punchbowl Street

THE HISTORY OF TUBERCULOSIS AT KALAUPAPA SETTLEMENT

C. V. CAVER, M.D., Honolulu

IT HAS long been a general assumption by leprosy workers that leprosy and tuberculosis go hand in hand. This belief has been the undertone of pathological concepts for many decades and has influenced research and investigative work. Many investigators have busied themselves with comparing the numerous close features of the two diseases and with searching for more areas of comparison. This relationship has also been postulated (and never proven) between tuberculosis and other diseases, notably lupus erythematosus and sarcoidosis. Such a companionate mechanism has been pointed to as one of the eventual outcomes of a majority of the severe cases of leprosy, along with the other familiar nemeses of ophthalmia, testicular atrophy, amyloidosis and laryngeal stenosis. So closely has this alliance been accepted that therapeutic research in leprosy has consisted mainly of trials of every new drug which has shown some effect against Mycobacterium tuberculosis.



DR. CAVER

Certainly no profound conclusion can be drawn from the data presented in this paper, and none are intended. The real purpose of this presentation is to render historical note by this society of certain significant changes which have taken place in the tuberculosis situation in recent years at one of the territorial leprosaria.

At Kalaupapa Settlement tuberculosis had been the leading cause of death for as long as any one could remember and it was sadly assumed that the aforementioned companionate relationship was responsible. However, in recent years concerted efforts were directed against the problem from a variety of directions. In 1947 a chest survey was made of all persons living in the Settlement and it was decided to make it an annual affair. The laws requiring isolation and treatment of open cases of tuberculosis were more closely applied to residents of the Settlement, and cooperation of the people involved began to be more evident. The new drugs in the sulfone group were being used on more inmates and streptomycin began to be used in extensive trials, principally against the distressing leprous neuritides.

The most hopeful occurrence was in 1949, when for several months the institution enjoyed an adequate staff of three resident physicians and an occasional rotating intern from Queen's Hospital. It was during this time that Dr. Clifford T. Druecker, under the direction of Dr. Norman Sloan, took a personal interest in the tuberculosis problem and devoted much of his time to the discovery, diagnosis, isolation, treatment, and follow-up of the cases. The results of these energies were reflected in the greatly changed picture a few years later.

In order to determine what changes had taken place in tuberculosis in the community, an analysis was made of the death certificates on file in the Administration Office and the tuberculosis register was perused, although the latter was of relatively recent origin. It was difficult to gain precise and accurate information from the death certificates because of former requirements in listings. From 1914 to 1948, the institution was a subscriber to the International List of Joint Causes of Death, a recording system emanating from Washington, D. C. Under this system it was required that all deaths at Kalaupapa be ascribed to the primary disease and consequently one would occasionally find certificates with listings such as:

Causes of Death:

1. **Leprosy, tuberculoid**
2. **Gunshot wound in the head**

This practice was dropped in 1948, and thereafter listings were made according to the findings of the meticulous autopsies performed by Dr. Sloan. Due to these factors it was felt that a true summary of deaths due entirely to tuberculosis would be difficult to obtain, and so a summary was made on the basis of deaths in which tuberculosis had played a part, whether directly or indirectly. A twenty year period of study was chosen and the results appear below.

In Figure 1, it is seen that there was a steady rise in the percent of deaths in which tuberculosis played a part until 1950, when a significant drop occurred. This was also reflected in the fact that 1950 was the first year in the 85 year history of

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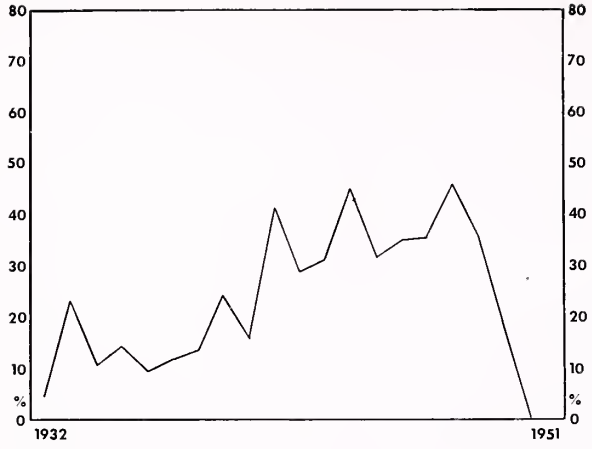


FIG. 1.—Percent of total deaths in which tuberculosis played a part.

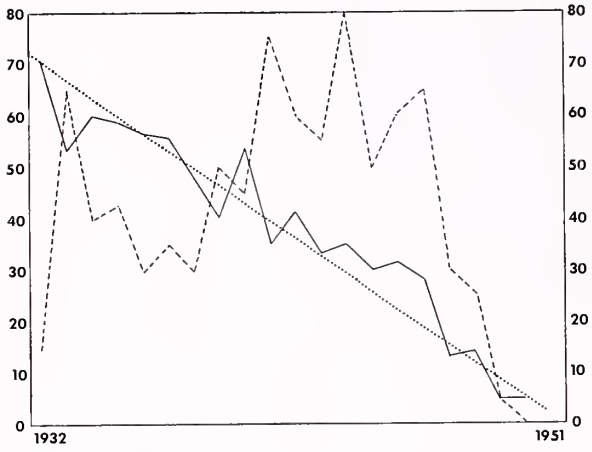


FIG. 2.—Numerical comparison of total deaths, all causes, and deaths in which tuberculosis played a part.
———— Total deaths
- - - - - - Tuberculosis deaths
. . . . . Mean line of total deaths

the Settlement in which tuberculosis was not the leading cause of death. The first year in which no deaths at all occurred from tuberculosis was 1951. I am informed by Dr. Edwin K. Chung-Hoon, Chief of Medical Services, that this situation is not merely temporary good fortune and that there has been only one additional death since 1951, a released patient who died at Tripler Army Hospital of a combination of tuberculosis and carcinoma.

A chart such as Figure 1 immediately brings up other questions, such as the effect of a general decline in death rate, a decline in total population, effect of new drugs, and the fact that there has been a striking decline in tuberculosis everywhere in Hawaii. In order to avoid a statistical illusion these factors are also analyzed and plotted.

Figure 2 shows superimpositions of numerical deaths, all causes, and numerical deaths in which tuberculosis played a part (these latter are shown in expanded scale to illustrate the trends better). Thus we see that there was a gradual general decline in total annual deaths but that those encompassing tuberculosis fluctuated until the sudden drop in recent years. The mean line of total deaths does not at all resemble the course of the tuberculosis factor.

If the total deaths showed no precipitous parallel, could a decrease in the total population have been responsible for the change? Figure 3 shows the census totals for the period of study, illustrating an almost straight line decline from a peak of 495 in 1934, to 242 in 1951. At no time during this period was it a general practice to transfer tuberculosis cases out of Kalaupapa to other institutions, although such attempts were made and one patient actually was admitted to Kula Sanatorium for treatment of pulmonary tuberculosis.

We are happily aware of the fact that tuberculosis rates all over Hawaii have shown a marked decrease in recent years. Is there then anything unusual in what has happened at Kalaupapa in view of this general betterment? Figure 4 shows

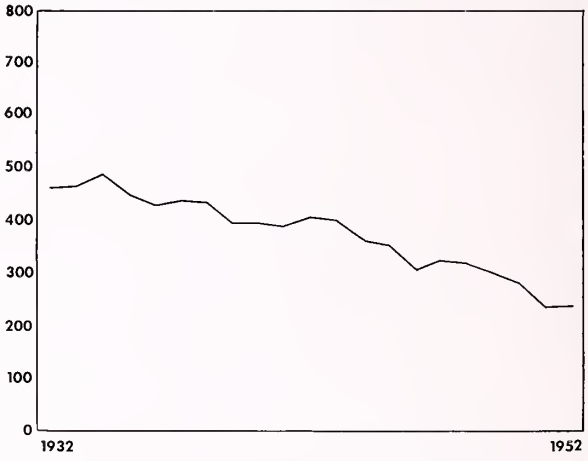


FIG. 3.—Numerical figures of total population.

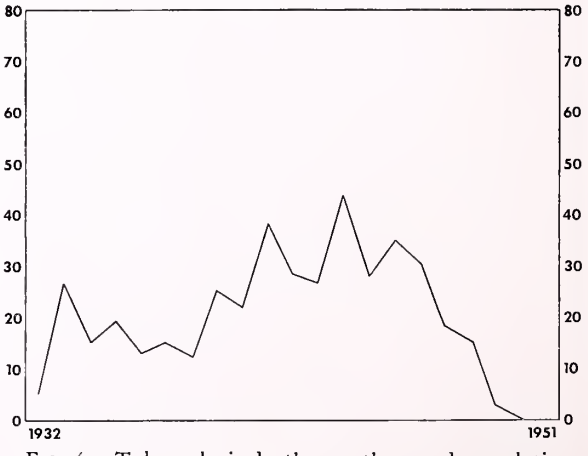


FIG. 4.—Tuberculosis deaths per thousand population.

a plotting of the *rate per 1000* of population of those deaths encompassing tuberculosis. I am sure that the rates for all the islands do not on this basis show such a sharp fall and remain there for five consecutive years.

The effect of the various sulfone drugs on simultaneously existing tuberculosis has been an intriguing question and something very difficult to evaluate. Promin, the original drug used against leprosy, was applied solely on the basis of its having a bacteriostatic in vitro effect on the tubercle bacillus, and with the hope of its being a long shot success against the Hansen's bacillus. It remains today one of the most commonly used antileprotics in Hawaii, but the anti-tuberculosis effect of sulfones is not sufficiently impressive to cause their use routinely or in any significant way in the therapy of tuberculosis. It then follows that although sulfone therapy undoubtedly had some beneficial influence on the course of those cases, it is not likely that it can be credited with the complete reversal of the epidemiological situation which we see in the charts.

Considering all these factors and the evidences which they lend, is it possible to explain the improved state of affairs on the basis of any single thing? It is my feeling that what we have seen happening here is due principally to the application of some of our old and reliable principles in medicine. Throughout history, whenever a group of well trained men possessed of both interest and opportunity have attacked an infectious disease it has eventually been conquered. Here we have seen the problem worked out on this basis in a closely controlled, circumscribed community which serves as an experimental example. It is not possible for every community to be so thoroughly and repeatedly examined and treated as Kalaupapa has been, but the value of such efforts is certainly indisputable.

So well has this work been carried out that it is now possible to say that there is not a single bacteriologically active case of tuberculosis in this highly susceptible group at the present time. Dr. Youtaik Kim, the present physician in charge at Kalaupapa, states that cultures and inoculations of all known cases are entirely negative. This is truly one of the miracles of modern medicine, and it is my belief that it is due chiefly to the solid hard work of those who took the interest to do the necessary things. The lessons learned can be summed up again even though they have been well-known for a long time:

1. Adequate investigation, isolation, treatment and follow-up of all cases of an infectious disease will result in its eradication.
2. Maintaining an adequate number of qualified workers is necessary to carry out these principles.

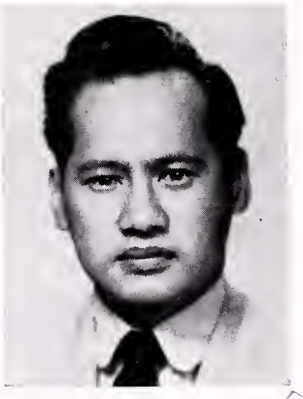
Let us hope that this example will be a clear exhibit of the value of these maxims, reaffirming them as a guide for the programs against tuberculosis and other diseases.

1154 Bishop Street

THE MANAGEMENT OF INCARCERATED HERNIAS IN INFANTS AND CHILDREN

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DURING THE twenty-seven month period from June 1951 to September 1953, 129 inguinal herniorraphies were performed on 106 infants and children on the University Surgical Service at Kings County Hospital in Brooklyn, New York.



DR. NIP

Statistically, there were 95 males and 11 females, a ratio of 9 to 1. Fifty-two hernias occurred on the right side, 28 were on the left, and bilateral involvement was present in 48 cases. As is characteristic of congenital inguinal hernias, all 129 were of the indirect type, 26 being scrotal in descent. Twelve sliding hernias were noted at operation, seven of which were in females. In all seven the internal genitalia of the same side were contained within the hernial sac. In three patients, a relative direct hernial component was noted and these were considered secondary to the enormous sizes of the primary indirect hernias.

Associated congenital anomalies were common. Thirty-six percent had associated lesions consisting in the main of hydroceles, undescended testes, congenital heart defects, cleft palate, spinal meningocele, club-foot and umbilical hernias.

Incarcerations were present in 18% of our series. This rate is higher than the 10% reported by Wiklander[1] and the 6% incidence mentioned by Thorndike and Ferguson.[2] Clatworthy[3] and Potts[4] have reported incarcerations in 14% and 19% of their respective series.

The age associated with the highest incidence of incarceration is the first half year of life. Fifty-seven percent of our series incarcerated before the age of six months, a rate that parallels that reported by Clatworthy. Twenty-two percent of Thorndike's series incarcerated before the age of three months, while Potts reported an incarceration rate of 26% in thirty-eight infants below the age of four months. Summarily then, in the face of these percentile rates, the first six months of life are the most dangerous for infants with congenital inguinal hernias.

There was no instance of strangulation in our series, a finding reflecting the rarity of this complication. In a combined total of 4,771 inguinal herniorraphies performed by Wiklander, Thorndike and Ferguson, Clatworthy and MacLennan,[5] only eleven cases of strangulation were found at operation.

Prior to this statistical study, the policy on the University Surgical Service at Kings County Hospital was to subject infants and children with incarcerated hernias to operative repair as soon as possible. However, no established routine was followed in the preoperative management of these patients. In an unselected group comprising 78% of the total incarcerations, with strangulation deemed very unlikely, an attempt was initially made to reduce the confined mass. Successful reductions were accomplished in 78% of them. An interval of two to five days was allowed to pass after which time elective herniorraphies were performed. The operative procedures were technically easy and uncomplicated and all patients were discharged from the hospital before a week. A second group of patients with incarcerations suspected of having associated strangulation comprised the remaining 22% of incarcerations. This group, together with the irreducible lesions in the first group, were subjected to immediate operation. These patients experienced a relatively morbid postoperative course marked by longer hospitalizations as a result of wound and respiratory tract complications, protracted ileus and distention, and in one instance, recurrence of a hernia.

Interestingly, in our series there were 14 premature infants, 13 of whom were operated upon before the age of six months. Within this group there were five incarcerations in infants ranging from three to twelve weeks in age. At the time of operation, however, all weighed over five pounds

Read before the ninety-ninth annual meeting of the Hawaii Medical Association, May 6, 1955.

[1] Wiklander, O.: Incarcerated Inguinal Hernia in Childhood, Acta Chir. Scand. 101:303, 1951.

[2] Thorndike, A., Jr., and Ferguson, C. F.: Incarcerated Inguinal Hernia in Infancy and Childhood, Am. J. Surg. 39:429 (Feb.) 1938.

[3] Clatworthy, H. W., and Thompson, A. G.: Incarcerated and Strangulated Inguinal Hernia in Infants, J.A.M.A. 154:123 (Jan. 2) 1954.

[4] Potts, W. J., Riker, W. L., and Lewis, J. E.: The Treatment of Inguinal Hernias in Infants and Children, Ann. Surg. 132:566 (Sept.) 1950.

[5] MacLennan, A.: The Radical Cure of Inguinal Hernia in Children, with Special Reference to the Embryonic Rests Found Associated with the Sac, British J. Surg. 9:445, 1921-22.

with the exception of a two pound nine ounce infant boy.

There was one death among the 14 premature infants, only mortality of the series. Death was attributed to an error in judgment and technique. This patient was a ten week old colored infant with an incarcerated left inguinal hernia which reduced itself after anesthesia had been administered. Because of suspected strangulation, the operation was continued. Marked tissue edema and friability complicated the operative procedure. A recurrent irreducible hernia was noted about ten days postoperatively and the patient was subjected to reoperation. Postoperatively, this patient did not do well at all, with a course marked by peritonitis and the development of a fecal fistula secondary to a retained sponge. Death ultimately resulted from exsanguination from an acute duodenal ulcer.

Not all pediatricians and surgeons agree when to operate on infants and children with inguinal hernias. Most surgeons feel that the repair should be performed when the diagnosis is first made, provided the individual is in a good state of nutritional health, with no anatomic or physiologic contraindications to operation. Early operation helps prevent future incarceration.

The use of the yarn or ribbon truss is to be condemned. It rarely helps to cure and certainly contributes to a lot of nuisance. A truss must be worn continuously to be effective, so that active infants and children are poor subjects for its application. Herzfeld had stated that a few congenital inguinal hernias cure themselves by natural means, although such cures are rare.[6] Where cures have been credited to trusses, it is not unlikely that a resolved cord hydrocele has been diagnosed for a hernia. Only a sick child, unfit for operation, should wear a truss, and certainly only temporarily, until he is well enough to undergo the operation.

An established and approved method of treating incarcerated inguinal hernias consists of initial reduction followed after two to five days by elective herniorraphy. Reduction can be simply effected by (1) gentle taxis, (2) elevation of the foot of the bed, (3) adequate sedation and (4) application of cold packs over the hernial site. Gentle taxiing is mandatory. Excessive trauma produced by forceful manipulations of the incarceration will only promote greater edema and congestion of the sac contents, possibly causing strangulation to develop. Testicular infarction and atrophy may be initiated by too vigorous manual attempts at reduction. In infants elevation of the foot of the bed may not be very satisfactory. In such instances, Bryant's traction to the lower extremities is adequate. Fully 75% to 95% of all incarcerations are reducible. Upon reduction, the edema, congestion and inflammation associated with every incarceration will subside so that when elective operation is subsequently performed, the technical procedure will be easy and the postoperative course uncomplicated.

In incarcerated hernias not reduced after a trial of two to three hours, immediate operation is mandatory. Where the clinical picture is highly suggestive of strangulation, no attempts should be made to reduce the lesion. Here again, immediate surgical intervention is the treatment of choice. Suggestive evidences of strangulation are marked prostration, distention, increased vomiting, back pain, melena, increased leukocytosis, increased temperature, abdominal rigidity, and roentgenologic evidence of frank intestinal obstruction.

Prematurity per se is a definite contraindication to elective operation. It alone carries with it increased risks, for infants weighing under five pounds at birth are incompletely developed individuals from a physiologic and anatomic standpoint. Gross has emphasized these infants' inadequate respiratory and cardiac reserves and the physiologic immaturities of their other vital body systems and functions.[7] Furthermore, these infants very frequently have a multiplicity of congenital anomalies and defects which add to the hazards of prematurity. Any contemplated operation must be properly timed to preclude combining the hazards of prematurity, associated anomalies, anesthesia and the operation itself.

Because of the high incidence of incarcerations before the age of six months, most infants are operated on after reaching the age of four weeks and (in the case of premature infants) a weight of five pounds. At this weight level, the premature infant is regarded as a normal healthy child in whom the risk of operation is not greater than in older children.

The technique of operation has been high ligation of the neck of the sac without plastic reconstruction of the inguinal floor. However, in three of our cases, a reconstructive procedure was performed largely because of impairment of the direct hernial site secondary to an enormously large primary indirect inguinal hernia. In others, where the internal ring was quite large and patulous, one or two sutures were placed between the transversalis fascia and Poupart's ligament to reinforce the internal ring.

[6] Herzfeld, G.: Hernia in Infancy, Am. J. Surg. 39:422 (Feb.) 1938.

[7] Gross, R. E., and Ferguson, C. C.: Surgery in Premature Babies, Surg., Gynec. & Obst. 95:631 (Nov.) 1952.

All operations were performed under open drop ether anesthesia with the exception of that on a two pound nine ounce premature infant who was given only oxygen and oral brandy.

Summary

1. One hundred twenty-nine inguinal herniorraphies were performed over a twenty-seven month period with an 18% incarceration rate.

2. The ideal method of treatment is initially conservative reduction of the incarceration followed by elective herniorraphy after an interval of two to five days to allow for subsidence of tissue edema, congestion and inflammation.

3. Strangulation is rare. When it is diagnosed, immediate operation is mandatory.

4. The conservative treatment of hernias with yarn or ribbon trusses is obsolete and probably does more harm than good.

6. The operation of choice is high ligation of the neck of the hernial sac. No plastic reconstruction of the inguinal floor is necessary.

Young Hotel Bldg.

CARDIAC ARRHYTHMIA DUE TO MEPHENESIN

MORTON E. BERK, M.D., and A. V. MOLYNEUX, M.D., Honolulu

FOR ALMOST nine years, mephenesin* has enjoyed popular usage by physicians and surgeons. The indications for its prescription have spread from tetanus and muscular spasm due to rheumatic states to the common "jitters" associated with alcoholic debauchery.



DR. BERK

As a medication comes in contact with more and more people, so do the toxic effects reported increase. Mephenesin is no exception. Ventricular tachycardia is a serious heart arrhythmia and is a frequent forerunner of death. The occurrence of such an arrhythmia in a patient without heart disease following the ingestion of mephenesin makes this case unique and timely.

Case Report

S.P., a 25 year old unmarried woman, was admitted to The Queen's Hospital on July 16, 1953 because she was depressed and needed diabetic regulation. The patient was known to have, in addition to diabetes, asthma and idiopathic epilepsy. Furthermore, she was a borderline schizophrenic. Over a period of two years, she had become habituated to readily accessible barbiturates. She had also developed the habit of self-medication with 1 to 2 grams of mephenesin daily, because she so frequently felt "tense" and had abdominal cramps. This tension was particularly manifest just before her menses. During the evening of July 23 and early morning of July 24 the patient took tablet after tablet of mephenesin, which she had ordered from an outside pharmacy. She took approximately 20 grams of mephenesin within eighteen hours before losing consciousness.

The physical examination disclosed a young, thin woman with cool skin and depressed, shallow respirations. The blood pressure was 76/44. The ventricular rate was over 300 per minute; the rhythm was not absolutely regular, and the pulse was thready. An electrocardiogram (Fig. 1) showed ventricular tachycardia originating from multiple foci. The patient's course was fortunately favorable. Her heart resumed a regular sinus rhythm with no medication other than glucose in water given intravenously.

Read before the ninety-ninth annual meeting of the Hawaii Medical Association, May 5, 1955.

From the Department of Internal Medicine, The Medical Group, Honolulu, T. H.

* Mephenesin is the American and British generic term for Tolserol®, Ornixon®, Myanesin®, etc.

Discussion

Oddly enough, the oral toxicity of mephenesin is low. Intravenously, the following toxic actions may occur: flushing, peculiar taste and smell, scleral injection, nausea, dizziness, vomiting, urinary urgency, diplopia and blurring of vision, nystagmus, itching, drowsiness, weakness, pruritus, anorexia, and tinnitus. Hemolysis and hemoglobinuria may also occur. It follows that if enough of the drug is orally ingested, a toxic blood level can be obtained for any one individual. Such was obviously the case in this patient.

Pharmacologists agree that one of the basic actions of mephenesin is depression of the reflex excitability of the spinal cord.[1] Beckman[2] points out that mephenesin's effects resemble those of curare, but the mechanism differs. According to his text, mephenesin decreases or abolishes facilitation and inhibition impulses reaching anterior horn cells from all levels of the central nervous system, those circuits containing internuncial cells apparently being especially vulnerable to action.

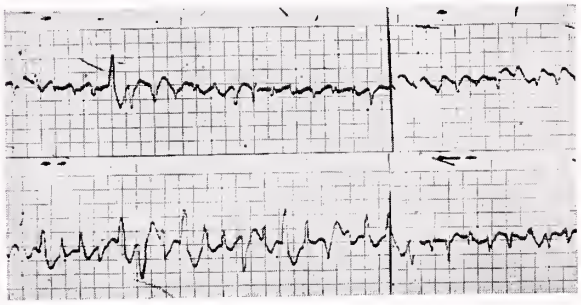


FIG. 1.—Ventricular tachycardia of multifocal origin.

The abolishment of inhibition impulses and the production of a concurrent aberrant intraventricular conduction would satisfactorily explain the abnormal heart rhythm in this case. Whether the aberrant conduction results from a depressing action or a stimulating action as suggested by Dr. William Dressler is a moot point. (Dr. Dressler believes that a large dose of mephenesin has a tremendously stimulating effect and therefore, produces either tachycardia from many foci or an aberrant intraventricular conduction.)[3]

[1] Beckman, H.: Pharmacology in Clinical Practice, Philadelphia, 1952, W. B. Saunders Co.

[2] Berger, F. M., and Bradley, W.: The Pharmacologic Properties of alpha: beta dihydroxy-gamma-(2-methylphenoxy)-propane (Myanesin): Brit. J. Pharmacol. 1:265-272 (Dec.) 1946.

[3] Dressler, Dr. William: Personal communication.

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CLARENCE E. FRONK, M.D.

The President's Page

In casting about in my own mind and those of several of our members for a suitable subject to fill this page, I thought it might not be amiss to again bring to your attention a condition that causes much concern to all of us, and one that also hits us in a painful spot—our pocketbook, i.e., the rapidly growing number of malpractice suits and threats of suits. The March, 1955, issue of *Medical Economics,* page 231, in an article by Harold Raveson, LL.B., covers this subject very adequately, and I quote from him extensively. If you have not read it in full, do so.

> Statistically speaking, it's twenty to one you won't be sued for malpractice this year. But with some 5,000 cases tried annually (and thousands more settled out of court), every doctor must face the fact that it may be his turn next.
>
> Oddly enough, many a suit is filed practically at the physician's invitation. Here are eleven easy ways to get yourself a summons:
>
> INVITATION NO. 1: Don't bother to get proper consent.
>
> INVITATION NO. 2: Keep careless records.
>
> INVITATION NO. 3: Be vague about instructions.
>
> INVITATION NO. 4: When you go out of town, let the patient find himself another physician.
>
> INVITATION NO. 5: If you take a dislike to a case, drop it then and there.
>
> INVITATION NO. 6: Mind your own business, and let your assistants mind theirs.
>
> INVITATION NO. 7: Make a habit of prescribing by telephone.
>
> INVITATION NO. 8: Fail to discriminate when applying collection pressure.
>
> INVITATION NO. 9: Whistle when you see the scar.
>
> INVITATION NO. 10: Guarantee success.
>
> INVITATION NO. 11: Tell them you're covered.

It has been my privilege to have been a member or chairman of our "Grievance" Committee, now your Medical Practice Committee, almost continuously since its inception. Many cases have come before us for our review and advice. It has done most useful work. I wish to add a 12th easy way to get yourself or a brother physician a summons. Just "talk too much." Quoting again from Dr. Raveson, "Many a suit is filed practically at the physician's invitation." An injudicious remark, a damning of a brother physician with faint praise, the lifting of an eyebrow, may be enough to plant the seed that will blossom into a full-blown suit.

Clarence E. Fronk

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[EDITORIALS]

Department of Health, 1954

The Annual Report of Hawaii's Territorial Health Department for 1954 is an impressive record of what integrated community effort can do to avert sickness and death from the individual citizen. In the case of four major infectious diseases, for example, cases and deaths have dropped off in the following dramatic proportions in the past fifteen years:

	CASES PER YEAR		DEATHS PER YEAR	
	15 years ago	*Past 5 years*	*15 years ago*	*Past 5 years*
Typhoid fever	52	0	9	0
Diphtheria	113	5	6	0
Whooping cough	1026	70	15	0
Tetanus	24	5	12	1

The medical profession of Hawaii shares much of the credit for this with the Department of Health—but preventive medicine has never been long or widely successful without the integrating factor of a government agency to propel it and guide it.

It has always been a proper function of government to take appropriate steps to prevent *preventable* diseases. The seriousness, the prevalence, and the comparative preventability of the *communicable* diseases led years ago to their being almost the only ones with which the preventive medicine men concerned themselves. This has in turn led, in some quarters, to the feeling that they should be concerned *only* with these diseases.

Sixty per cent of Hawaii's 2,934 deaths last year were due to one of three causes: heart (27%), cancer (17%) and cerebral hemorrhage (16%). Not a great deal can be done, as yet, to prevent these diseases from occurring; but there is room for improvement in the mortality resulting from them, and it seems entirely proper for community effort, through our Health Department, to be directed toward at least this goal.

Ten pages of this annual report present "Health Headlines for 1954." Some of these deal with salmonellosis, polio (epidemic in May and June), sanitation, rat-bite fever (one case occurred), radiation monitoring (of tuna from out west), mosquito control, tetanus immunization campaign, fluoridation, the Kauai pregnancy study, evaluation clinics for mentally retarded children, and others.

The routine activities of the various bureaus are summarized informatively: Health Statistics, Sanitary Engineering, Industrial Hygiene, Pure Food and Drugs, Rodent Control, Mosquito Control, Housing, Epidemiology, Laboratories, Tuberculosis, Venereal Diseases and Cancer Control, Nutrition, Maternal and Child Health and Crippled Children, Mental Hygiene, Public Health Nurses, and the bureau-less Divisions of Hospitals and Medical Care, Hansen's Disease, and Dental Health. The names of these are a catalogue of the Health Department's range of activity in behalf of Hawaii's health.

It all costs money, of course—close to $4.5 million for the year, of which about two-fifths is in Federal funds. Of this amount, roughly one-fourth (currently all Federal) is spent for leprosy care and control, and one-fourth (nearly all Territorial) for indigent medical care. The remainder is spread out pretty thinly over the other services.

It is in keeping with Hawaii's high standards of living that we should spend a large sum annually on our Health Department—whose own standards of performance are in turn comparably

high. Dr. Richard K. C. Lee, the President of the Board, and his Board members, executives and department heads are competent, industrious and sincere. We have a Health Department in which we can and should take pride.

Talk Up the Centennial!

April 22 to 29, 1956, is an important medical date in Hawaii—the date we celebrate the completion of a hundred years of organized medicine here. Not many American medical societies west of the Allegheny mountains are operating under charters a century old. Not one, west or east of them, is operating under one issued by the Privy Council of a monarchy.

This is going to be a memorable celebration, with a program worth travelling here to see. Dr. N. P. Larsen and his Centennial Committee are already at work on it.

You can do an important job which will contribute importantly toward the success of the occasion: talk up the Centennial! Tell your mainland medical friends about it. Tell them it's going to be good. Tell them that the last week of April is one of the best weeks of all the year in which to see Hawaii at its most beautiful. Tell them they'll see pageantry that's worth coming all the way here to watch. Tell them there'll be a top-notch scientific program — top-notch in quality, and brief enough to leave them plenty of time for fun. Urge them to plan, now, to take that long postponed trip to Hawaii.

We can't hold Centennial celebrations very often—just every hundred years, to be exact. Let's make this one a success!

Doctor-arranged Adoptions

Out of 448 adoptions arranged in Hawaii during 1954, 31 were carried out independently by physicians. The vast majority were arranged by social agencies.

Of these 31 physician-arranged adoptions, 28 concerned children born out of wedlock; only one child was born to parents living together, and two to parents living but separated. Twenty-five of the children were under six months of age, and two over one year; the ages of four were not given.

Some of the figures show clearly that adoption-arranging physicians are concerned primarily with children born out of wedlock: whereas nearly half of all the adoptions requested during 1954 (212 out of 448) were for the adoption of children born in wedlock, only one-ninth (3 out of 28) of the physician-arranged adoptions concerned such children.

Social agencies were still permitted to review these adoptions in most (23 out of 31) instances, being requested to make an investigation on behalf of the court. Whether they exerted any material influence for or against a particular adoption arrangement is not apparent from the statistics.

Social workers are prone to be concerned—not wholly without cause — lest doctor-arranged adoptions be arranged with undue casualness, and with unduly slight concern for the compatibility of the child with his foster parents. Even if their fears are well grounded, the problem in Hawaii does not seem to be a very common one. They have a fifteen-to-one lead on the doctors in the adoption field.

Folia Dermatologica (Geigy)

Pharmaceutical houses do so many nice things for the medical profession these days—over and above their routine task of supplying them with old and new pharmaceutical agents, and educating them about the new ones—that it is impossible to applaud most of their efforts; there just isn't space or time. Advertisements helping with doctors' public relations; monthly or quarterly publications such as *What's New* (Abbott), *Seminar* (Sharp & Dohme), *Scope* (Upjohn), the *Ciba Symposia*; and many others; all these are well done and greatly appreciated by the profession.

Geigy Pharmaceuticals, of Basle, Switzerland, (who makes Butazolidin, Eurax, Sterosan and Tromexan) has just earned special commendation for the first of a projected series of publications, entitled *Folia Dermatologica.* This first introductory issue contains beautiful color illustrations of the primary dermatological lesions, with a commentary and informative discussion by Dr. Marion Sulzberger, Professor of Dermatology at New York University Postgraduate Medical School. There is also an instructive color stereogram of human skin.

This series ought to be in the hands of every interne and resident, and would be useful to every physician; even dermatologists could profit by reviewing such material. Perhaps the non-dermatologists could even learn from it not to call every eruption "maculopapular" and every small cutaneous tumor a "wart."

Our congratulations to Geigy, for a useful and important job exceedingly well begun!

This is What's New!

Hexamethonium chloride is **too toxic** for the treatment of toxemia of **pregnancy,** according to the obstetricians at Duke University School of Medicine. They found that patients with toxemia had many side effects as well as an increased fetal death rate when hexamethonium was used to lower the blood pressure. Apresoline in combination with less potent hypotensive drugs seems to be a more satisfactory form of therapy. (*Obstetrics and Gynecology* [Mar.] 1955.)

✓ ✓ ✓

A ten-year follow-up on a patient who helped to make medical history was reported by four of her physicians. Somewhat over ten years ago, this 21 year old woman had far-advanced active bilateral pulmonary tuberculosis with cavitation, chills, fever and a new lesion appearing shortly after a thoracoplasty. With this clinical picture, she was given a drug that had been used on only 13 guinea pigs and no humans. She was the **first human to receive streptomycin.** A ten-year follow-up revealed that she had married after her discharge from the hospital and has subsequently become the mother of three healthy children. (*Am. Rev. of T.B. and Pulm. Dis.* [May] 1955.)

✓ ✓ ✓

For the past five years, it has been more or less generally accepted that penicillin treatment of acute streptococcal infections greatly reduces the incidence of rheumatic fever. Three doctors from Boston now give a seven-year follow-up of over 100 youngsters treated for scarlet fever with penicillin. Their conclusion: **"Penicillin** therapy of streptococcal pharyngitis in children even when applied early **may not significantly decrease** the occurrence of acute rheumatic **carditis."** (*New Eng. J. Med.* [July 7] 1955.)

✓ ✓ ✓

Chloroquine benefits **rheumatoid arthritis.** The antimalarial drugs are being used for almost everything including malaria. An Oregon doctor found that 95 per cent of his patients with rheumatoid arthritis had E. histolytica cysts in their stools. He decided to treat the amebiasis with chloroquine. He was somewhat surprised to find that the majority of the patients with rheumatoid arthritis improved. (*Northwest Med.* [July] 1955.)

✓ ✓ ✓

Libby, a member of the Atomic Energy Commission, reports that a pilot seated at the controls is bombarded with **1300 milliroentgens per year.** The source of this radioactivity is of course the **luminous dials** on his control panels. This is about the same amount of irradiation received by a patient getting shot with one AP view of the lumbar spine. (*Science* [July 8] 1955.)

✓ ✓ ✓

Surgeons at the Baylor University College of Medicine in Texas advocate the **non-surgical** treatment of **penetrating wounds of the heart.** Patients operated upon for heart wounds had a mortality five times greater than the patients treated without operation. This recommendation is apparently in agreement with other experts in the field, including Ravitch, Blalock and Elkin. (*Surgery* [June] 1955.)

✓ ✓ ✓

Dr. David Smith predicts complete **elimination of tuberculosis** from the mid-western states within the next fifty years and indicates that greater reliance on **tuberculin tests** with less dependence on general mass x-ray surveys will accelerate the disappearance of tuberculosis in this area. (*T.B. Abstracts* [July] 1955.)

✓ ✓ ✓

Spondylolisthesis, occasionally as painful as usually it is unpronounceable, is being treated by some California orthopods by excision of the loose lamina with decompression of the nerve roots. The low back pain and radicular pain caused by the forward slipping of the fifth lumbar body on the sacrum is relieved by **unroofing the fifth lumbar vertebra.** (*J. Bone & Joint Surg.* [June] 1955.)

FRED I. GILBERT, JR., M.D.

Perhaps It's Your Nerves

Psychiatric Factors in Growth Failure

Failure of bodily growth in children may be due, sometimes, to unresolved psychiatric disturbances. When this is the case, growth recovery may be expected to result from successful psychotherapy.

All physicians are familiar with the dwarfing consequences of severe inanition, the debilitating infectious and degenerative disorders, and certain endocrine dysfunctions. The irregular and spasmodic growth patterns of severely allergic children are well known. Obesity due to compulsive overeating is generally recognized.

Less attention has been given by the medical and mental health sciences to growth failure of psycho-social etiology. Of the studies devoted to this subject, only a few have recorded their growth data in such a manner as to permit comparison of the child with his own, genetically determined, growth norms, as well as with the standard tables of height and weight. The Wetzel Grid, for example, enables the physician to make both comparisons. Talbot, et al.[1] report:

"Psychiatric and social studies showed the majority (of the 51 children studied in whom no physical abnormalities could be found to account for their stunted growth) were undernourished because of anorexia due to either emotional disturbances or mental deficiency or a combination of both, in addition to such factors as parental poverty and ignorance. In the 51 so studied, there was high incidence of rejection by the mother, emotional disturbances and delinquency in mothers, marked poverty at home. Fourteen per cent had severe emotional reactions with chronic grief and anorexia attributable to a broken home brought about by death, divorce, and desertion."

Binning's[2] studies with the Wetzel Grid demonstrate growth failure traceable to disturbances in the emotional environment of children such as separation, divorce, death, psychosis, neglect, the father going to jail, etc. In some cases he found that falling off of growth rate preceded the appearance of neurotic or behavior problems. These observations have been confirmed in pilot studies by the author. If further confirmed, it may develop that the Grid is a useful case-finding instrument in preventive psychiatry.

Fried and Mayer[3] believe that socio-emotional factors are crucial in the normal growth of a child. They studied a series of under-privileged children who were treated in a fresh air camp with careful regulation of caloric intake and output, sleep, and the other hygienics of living. They found a close reciprocal relation between the socio-emotional disturbance and growth failure, and in the recovery from these.

In a preliminary study, this author deliberately avoided nutritional management and manipulation of the environment. Insofar as possible, psychotherapy with the child and one or both parents was the only variable introduced. The work was carried on by a four-profession team in a private out-patient clinic: psychiatrist, social work therapist, clinical psychologist, and educational therapist. Poverty and ignorance of hygienic living were not factors in this series. Many of the children had previously had pediatric management with temporary, inadequate, or no response. In all cases, no organic reasons for the growth failure could be found by the family physician. In none of the cases was inanition, growth failure, or anorexia given as a reason for seeking psychiatric help. The presenting complaints were divided about equally among behavior disorders, psychoneurotic symptoms, and functional retardation in school. Not all children with psychiatric difficulties showed growth disturbances. Percentages remain to be determined. Age range covered the entire period of physical growth beginning at 3½ years.

In general, it was found that periods of growth failure coincided roughly but variably with psychiatric disturbance. It usually began during periods of unhealthy psychological inhibition. The children were anxious, shy, withdrawn, and excessively fearful of making mistakes, of displeasing people, or appearing in a bad light to their peers or in school. They were usually unconstructively hypercritical of themselves. Anorexia as a symptom was inconsistently present. However, with progress in psychotherapy, appetite usually increased.

[1] Talbot, N. R., et al.: Dwarfism in Healthy Children: Its Possible Relation to Emotional, Nutritional, and Endocrine Disturbances, New Eng. J. Med. 236:783 (May 22) 1947.

[2] Binning, G.: Peace Be On Thy House, Health (Canada), Mar.-Apr., 1948.

[3] Fried, R., and Mayer, M. F.: Socio-emotional Factors Accounting for Growth Failure in Children Living in an Institution, J. Ped. 33:444 (Oct.) 1948.

(*Continued on page 68*)

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Shane, S. M. *A method of balanced anesthesia in general surgery, obstetrics and dentistry.* c1955. (gift of publisher)

Blood

Allen, E. V. *Peripheral vascular diseases.* 2nd ed. c1955. (from Board of Medical Examiners)

Luckey, E. H., ed. *Cerebral vascular diseases. Trans. . . . conf. . . . American Heart Association . . . Jan. 24-26, 1954.* c1955. (gift of publisher)

Michels, N. A. *Blood supply and anatomy of the upper abdominal organs.* c1955.

Samuels, S. S. *Management of peripheral arterial diseases.* c1950.

Cancer

Armed Forces Institute of Pathology. *Atlas of tumor pathology.* Sec. IV. Fasc. III. 1954. (gift of Armed Forces Institute of Pathology)

Begg, R. W., ed. *Canadian cancer conference.* v.1. c1955.

Rhoads, C. P., ed. *Antimetabolites and cancer.* (gift of American Assn. for Advancement of Science)

Cardiology

Bailey, C. P. *Surgery of the heart.* c1955.

Burch, G. E. *A primer of electrocardiography.* 3rd ed. rev. c1955.

Columbia U. College of Physicians and Surgeons. *Cardiology notebook.* c1955. (gift of publisher)

Goldberger, Emanuel. *Heart disease.* 2nd ed. rev. c1955. (gift of publisher)

Lepeschkin, Eugene. *Modern electrocardiography.* v.1. c1951.

Master, A. M. *Cardiac emergencies and heart failure.* 2nd ed. rev. c1955.

Stroud, W. D., ed. *Diagnosis and treatment of cardiovascular disease.* 2v. 4th ed. c1952.

White, P. D. *Clues in the diagnosis and treatment of heart disease.* c1955. (gift of publisher)

Wood, Paul. *Diseases of the heart and circulation.* Rev. ed. 1952.

Diagnosis

Bauer, Julius. *Differential diagnosis of internal diseases.* 2nd ed. rev. & enl. c1955. (gift of publisher)

Endocrinology

Wolstenholme, G. E. W., ed. *The human adrenal cortex.* 1955. (gift of publisher)

Medicine

Cecil, R. L., ed. *A textbook of medicine.* 9th ed. c1955. (from Board of Medical Examiners)

Obermayer, M. E. *Psychocutaneous medicine.* c1955. (gift of publisher)

Neurology

Abramson, H. A., ed. *Neuropharmacology. Trans. . . . 1st conf. . . . May 26-28, 1954.* c1955. (gift of Josiah Macy, Jr. Foundation)

Moore, D. C. *Stellate ganglion block.* c1954. (gift of publisher)

Muscular Dystrophy Assn. of America. *Proceedings . . . 3rd medical conf. . . . New York, Oct. 8-9, 1954.* 1955. (gift of Muscular Dystrophy Assn.)

White, J. C. *Pain: its mechanisms and neurosurgical control.* c1955. (gift of publisher)

Nursing

Hansen, H. F. *Study guide and review of nursing.* c1955. (from Nurses' Association)

Ingram, M. E. *Principles and techniques of psychiatric nursing.* 4th ed. c1955. (from Nurses' Association)

Wright, H. N. *A textbook of pharmacology and therapeutics.* 6th ed. c1955. (from Nurses' Association)

Obstetrics

Greenhill, J. P. *Obstetrics.* 11th ed. c1955. (gift of publisher)

Ophthalmology

Scobee, R. G. *The oculorotary muscles.* 2nd ed. c1952. (gift of publisher)

Pediatrics

Silver, H. K. *Handbook of pediatrics.* c1955. (gift of publisher)

Surgery

American College of Surgeons. *Surgical forum. Proceedings . . . forum sessions . . . 40th clinical congress . . . Nov. 1954.* c1955. (gift of publisher)

Boyd, William. *Pathology for the surgeon.* 7th ed. c1955. (from Board of Medical Examiners)

Christopher, Frederick. *Minor surgery.* 7th ed. edited by Ochsner. c1955. (from Board of Medical Examiners)

Peer, L. A. *Transplantation of tissues.* v.1. c1955.

Shackelford, R. T. *Surgery of the alimentary tract.* 3 v. c1955. (gift of publisher)

Miscellaneous

Abramson, H. A., ed. *Problems of consciousness. Trans. . . . 5th conf. . . . March 22-24, 1954.* c1955. (gift of Josiah Macy, Jr. Foundation)

Buxton, P. A. *The natural history of tsetse flies.* 1955. (gift of London School of Hygiene and Tropical Medicine)

Diethelm, Oskar. *Etiology of chronic alcoholism.* c1955. (gift of publisher)

Luck, J. M., ed. *Annual review of biochemistry.* v.24. 1955.

(*Continued on page 68*)

Book Reviews

Heart Disease—Diagnosis and Treatment.

By Emanuel Goldberger, M.D., Second Edition, 781 pp., Price $12.50, Lea & Febiger, 1955.

A comprehensive treatise on heart disease which is complete in every respect yet concise and up to date would be invaluable to the busy physician. This text covers the whole scope of heart disease in only 781 pages and it seems that every conceivable topic in the field of cardiology is dealt with somewhere within its pages. In this second edition the author has added discussions on ballistocardiography, electrolyte disturbances, newer methods of diagnosis, and the very latest in treatment with the present day antibiotics and adrenal cortical hormones. The extensive subject matter has of necessity, resulted in exceedingly brief discussions on some important topics, such as atherosclerosis for example. Nevertheless, this book is unsurpassed for quick reference work and I would strongly recommend it for the library of all busy practitioners.

THOMAS S. MIN, M.D.

The Care of Your Skin.

By Herbert Lawrence, M.D., 95 pp., Price $2.50, Little, Brown & Company, 1955.

Aimed at the victim of adolescent acne and his worried parents, this clearly, simply written book is eminently suitable for such patients to either buy or borrow. It could be instructive for the non-dermatologist, too. Every family doctor eventually copes with this problem, and he can get a lot of help for both himself and his patients out of this small volume. Better buy a copy for yourself and a copy to lend, to start with.

HARRY L. ARNOLD, JR., M.D.

The Human Machine.

By Charles W. Shilling, Captain, Medical Corps, USN, 292 pp., illustrated, Price $5.00, United States Naval Institute, 1955.

This book, originally designed for the hygiene department of the United States Naval Academy, is offered to meet the needs of all non-military personnel. Part one presents in simple form human anatomy and physiology. Part two is an introduction to preventive medicine and personal hygiene. Part three deals with various aspects of military medicine.

The book is well written, easy to read, and admirably illustrated. However, the illustrations, mainly good, often delightful, are sometimes not adequately captioned or are too diagrammatic to be of value. There are a few technical errors such as this statement in the venereal disease section: "If the test is positive, treatment must be continued until a series of negatives have been found."

The first two sections of the book should be useful to laymen and para-medical personnel and the third section of particular value to men in the armed services. Physicians may find the book useful in preparing material for lay presentation.

SAMUEL D. ALLISON, M.D.

Handbook of Pediatrics.

By Henry K. Silver, M.D., C. Henry Kempe, M.D., and Henry B. Bruyn, M.D., 548 pp., Price $3.00, Lange Medical Publication, 1955.

Here is a remarkably complete handbook, so organized that any subject may quickly and easily be found. This handbook should be in the coat pocket or the medical bag of every pediatrician and general practitioner. The chapter on pediatric emergencies alone makes this contribution to pediatric literature worthwhile. Having assembled this readable, concise handbook, the next task will be to keep it up to date. Knowing the authors, this too will be done.

JOSEPH PALMA, M.D.

Pathology for the Surgeon.

By William Boyd, M.D., Seventh Edition, 737 pp., illustrated, Price $12.50, W. B. Saunders Company, 1955.

This standard text first appeared in 1925; its new edition is an enlarged volume. The initial seven chapters on inflammation and repair, wound infections, gangrene, shock and burns, thrombosis and embolism, etc., are written in the inimitable Boyd style and are representative of this charming man's vast experience. The section on the general pathology of tumors, dealing with carcinogens, characteristics of malignancy, the grading of tumors, and the spread of tumors, is also new and very informative. Much of the rest of the book, however, does not represent too much of a change from the previous edition. There have been some major revisions, but many of the chapters, specifically those dealing with the colon, esophagus, testis, and soft tissues, are not entirely in keeping with, or as complete as much of the contemporary literature, such as the publications of the Armed Forces Institute of Pathology. In addition, few, if any, new illustrations appear in this new edition. The photomicrographs are not nearly as impressive as those found in some other similar texts.

CHARLES S. JUDD, JR., M.D.

Psychiatry and the Law.

Edited by Paul H. Hoch, M.D., and Joseph Zubin, Ph.D., 232 pp., Price $5.50, Grune & Stratton, Inc., 1955.

This is a symposium written by individuals with widely varying background. There are discussions by legal authorities in universities, by judges, and by psychiatrists analytically and non-analytically oriented. As one reads these discussions one gathers that the problem is a very weighty one, that no definite conclusions can be drawn, and that a great deal remains to be done, but that the effort to find a way to integrate progressive psychiatric orientations with legal procedures is well worthwhile. This book is recommended to the medical man philosophically interested in this problem.

J. ROBERT JACOBSON, M.D.

Obstetrics.

By J. P. Greenhill, M.D., Eleventh Edition, 1088 pp., illustrated, Price $14.00, W. B. Saunders Company, 1955.

In the forty-two years that have elapsed since it first appeared, this standard textbook has undergone transition of authorship from DeLee alone to DeLee-Greenhill, Greenhill-DeLee, and now Greenhill alone. It is now in its eleventh edition, completely revised, rewritten and rearranged. Double-column pages, informative illustrations and a minimum of fine print make reading, reference and general usefulness much more efficient.

The contents are enhanced by chapters on such recent considerations as the psychology of pregnancy, the induction of labor, endocrine changes in pregnancy, analgesia-anesthesia, and hypofibrinogenemia. Sections on puerperal sepsis and embryotomy for delivery have been re-expanded, emphasizing again that these ancient catastrophes are still formidable complications.

The style of writing is lucid and direct; the material is logically divided and presented. Controversial issues are quickly settled by the author's own opinions rather than further confused by reams of discussion of everyone's pet theory. This challenges the reader to take it or leave it, and is, indeed, a most refreshing way to stop the vaporings.

Not wishing to gush praise of such a masterful work, may your reviewer just say that this volume is a "must" for every physician who practices obstetrics, whether full-time or occasionally, and should never be farther away than arm's reach.

LYLE BACHMAN, M.D.

Geriatric Anesthesia.

By Paul H. Lorhan, M.D., 90 pp., Price $3.25, Charles C. Thomas, 1955.

This valuable monograph should interest all physicians caring for the geriatric patient. It is complete enough to give the average busy physician a good idea about the management of the surgical geriatric patient without the necessity of reading through volumes of literature on the subject. They will find that the subject is covered completely, concisely, and practically.

I am sure that all surgeons will find this a valuable book to add to their libraries, and will refer to it frequently in caring for the elderly surgical patient.

CLIFFORD K. W. CHOCK, M.D.

Treatment in Psychiatry.

By Oskar Diethelm, M.D., Third Edition, 545 pp., Price $9.50, Charles C. Thomas, 1955.

This is a very comprehensive volume which is oriented primarily from the middle of the road, common sense standpoint. The Adolph Meyerian viewpoint is stressed, but all other methods of treatment and orientation are included. It would serve as a valuable reference book for the general medical man as well as the psychiatrist. There are very interesting chapters on Suggestion and Hypnosis and on Psychoanalytic Procedures. The physical modalities are well covered. One might well look upon this volume as a textbook of psychiatry from the standpoint of treatment. It should serve as a valuable addition to the library of the medical man.

J. ROBERT JACOBSON, M.D.

The Pharmacological Basis of Therapeutics.

By Louis S. Goodman, M.D., and Alfred Gilman, Ph.D., Second Edition, 1831 pp., Price $17.50, The Macmillan Company, 1955.

To readers familiar with the first edition of this work published in 1941, the present volume will indeed be welcome. The authors have a fresh, easy-to-read style, all too rare in scientific literature. In view of the hundreds of "new" drugs which are flooding the market, and the reams of promotional literature which are filling our mailboxes, a work which places them in their proper perspective fills a real need.

This book presents a remarkably up-to-date critical evaluation of pharmaceuticals. References to current literature as late as 1954 insure the latest information possible in a textbook. Some of the most recent additions include radioactive isotopes, antibiotics, corticosteroid hormones, cytotoxic drugs, chelating agents, chlorpromazine, and autonomic blocking agents. Concise treatises on all phases of the pharmacology and therapeutic applications of standard, long-accepted drugs are an integral and valuable part of this new work. We cannot recommend it too highly to all those who have an interest in the use or study of drugs.

FRANK J. BRUCE, M.D.

Sports Injuries.

By Christopher Woodard, M.D., 128 pp., Price $3.00, Track & Field News, 1954.

The above manuscript is written by the Honorary Consultant to British Olympic Teams.

It is written primarily for trainers and coaches and not particularly intended for the physician. Since the author is British he naturally deals in the injuries seen in British sports, many of which are not played in America. He believes primarily in the "active treatment" of sports injuries as opposed to the more conservative "put the part at rest" principle of old. Much has been, and much more will be, said for both forms of therapy.

His exercises for conditioning certain groups of muscles are the ones routinely used in most American athletic departments. His illustrations are excellent. I would not recommend this book for physicians, however, unless they happened to be primarily interested in British sports injuries.

JAMES G. MARNIE, M.D.

A Method of Balanced Anesthesia in General Surgery, Obstetrics and Dentistry.

By Sylvan M. Shane, D.D.S. and Harry Ashman, M.D., 53 pp., Price $2.25, Lowry & Volz, 1955.

This original monograph introduces a method of balanced anesthesia practiced successfully by a few groups of anesthesiologists. It should prove to be interesting reading to all anesthesiologists and anesthetists, but is not a very practical book for the practicing physicians.

The method of anesthesia is covered only generally and lacks satisfactory explanations in many phases of the subject. It does, however, introduce another method of balanced anesthesia which might be a helpful adjunct to our present methods.

CLIFFORD K. W. CHOCK, M.D.

(Continued on page 70)

Bureau of Medical Economics

Recently, I had the opportunity to talk to a patient whose account had been referred to the Bureau for collection. His remarks impressed me so deeply that I decided to do a little research on the problem.

This particular patient had decided about a year ago that he should have some type of health insurance and with this thought in mind he discussed the matter with his family physician. The doctor told the patient where he could go to get such insurance and also how to apply for it.

This individual then purchased an insurance plan for himself and his family. However, in spite of the fact that he was now covered by health insurance, he continued to receive bills from the doctor. At first he thought there must be some mistake but as time went on he began to realize that the insurance he had purchased did not give him the coverage he expected nor was it the type needed for his particular family.

There are bound to be misunderstandings in dealing with insurance. If a physician should recommend a specific plan to an inquiring patient, as was done in this instance, and if that patient should later become dissatisfied with any phase of the plan, it is only human nature for the dissatisfied patient to blame the physician for his predicament. In that instance the blame might be proper, but is the physician in any position to assume that responsibility?

Consequently the doctor lost a patient and a good part of a legitimate fee due him, not mentioning the disparaging remarks made about him.

You may wonder why this particular case interested me so much. It is because this was not the first case of this sort that has come to my attention while working with the Bureau. In discussing health insurance with scores of people in all walks of life, I have found that there is a definite need for a sound knowledge on the part of the patient to know just exactly what his particular policy covers.

Dr. Percy E. Hopkins, committee chairman on prepayment medical and hospital services of the American Medical Association, discussed this very problem at the fourth annual County (Medical) Society meeting in Lexington, Kentucky; it is quoted here in part:

> No physician should urge any specific plan on his patients. His function should be, when the question arises to urge the patient to carry that insurance which fits the needs and the pocketbook of the patient and his family. This applies to both commercial and non-profit plans and recognizes the validity and sincerity of both.
>
> I think the same danger is inherent if a physician undertakes to interpret an insurance contract (Blue Shield or private) at the request of an insured patient. First of all, it takes time which the physician can ill afford. Second, he is not the final authority, since a claim clerk or claim officer will ultimately decide whether or not a benefit is payable. In that instance, the physician may lose the goodwill which he has spent years developing and become involved in a situation which is beyond his control.
>
> Remind the patient sympathetically that he has a full-time job in keeping up with medical advances so as to enable him to render a higher quality of medical care, leaving little or no time to become qualified as an insurance counsellor. He could then suggest tactfully that the patient seek insurance advice from insurance men just as he seeks medical advice from physicians.

In view of Dr. Hopkins' statements you may obtain the impression that this places a very definite limitation on the extent to which a physician can support any one type of insurance to the exclusion of all others.

In answer to the above I again quote from Dr. Hopkins' talk on this subject:

> It behooves those of us who may have any official connection with particular plans to use *our* best efforts to see to it that those plans are not presented improperly to the general public, and secondly, let me quote Frank G. Dickinson, Ph.D., Economist and Director of the Bureau of Medical Economics Research of the American Medical Association: "The physician has a professional interest in the success of voluntary prepayment medical care plans because they demonstrate the determination of his profession to provide a sound method of budgeting the costs of better medical care. As a citizen of the community, he has an interest in their success because they offer the best way of solving, on a democratic basis, the difficult social and economic problems created by the irregularity in the family's need for the services of physicians. As these plans develop, the physician will come to look to such plans for a more or less substantial part of his income. He will want to be certain that they will be able to fulfill their obligations."

In conclusion may I suggest the following, when a patient asks you to recommend a Health insurance carrier:

1. *Encourage the patient to obtain health insurance.*
2. *Advise the patient to consult the local Blue Shield (H.M.S.A.) representative first. If Blue Shield cannot give this patient a policy to fit his needs and pocketbook, then:*
3. *Advise the patient to consult several reputable commercial insurance carriers and to study the benefits they have to offer. Further recommend that he study the benefits offered so that he may, along with proper insurance counselling, select a proper policy.*
4. *Above all do not recommend a specific type of policy. Leave that part to trained insurance men.*

Remember that voluntary health plans offer the doctor the mechanics for an economic relationship with the public at large, which can be made the bulwark against socialization.

R. M. KENNEDY
Executive Secretary

HMSA—Its Place in the Community

Medical Expense Protection

J. R. VELTMANN, *Executive Vice-President*

Research Council for Economic Security reported in its May-June issue of Council News that nearly two out of every three men, women and children in the United States are now protected by voluntary health insurance.

As of December 31, 1954, a total of 101,493,000 Americans had hospital expense protection representing an increase of 4.3 percent during that year and 8½ times more persons since the beginning of 1941. Nearly 86 million persons had surgical expense protection, an increase of 6.1% and 16 times more persons than in 1941. A total of 47,248,000 had medical expense coverage representing an 11% increase during 1954.

It is significant to note the rapid growth of medical expense coverage during 1954. This has been the result of the public becoming more aware of the need for coverage of minor illnesses as a preventive measure against development of major catastrophic illnesses. More and more, insurance companies are beginning to offer home and office visits on a limited basis with many restricting coverage to the employee only. Of the 78 Blue Shield Plans in the country, approximately 12 Plans offer home and office visit coverage.

HMSA has been one of the pioneers in this type of coverage as the Plan has offered home and office visits as part of its benefits since its inception in 1938. Visits were limited to a given number each year with a maximum dollar amount. By 1948 HMSA offered home and office visits on a per illness basis. Six (6) visits per illness beginning with the first visit for accidental injury and the second visit for a medical condition. For accidental injury cases, diagnostic x-rays were covered in full. In the ensuing years, medical benefits were gradually increased so that today, the HMSA Comprehensive Plan offers 30 home and office visits; the Extended Benefits Plan offers 70 visits and the Community Group Medical Plan, which became effective June 1, 1955, offers a maximum of $300.00 for each illness or injury without any limit on the number of visits beginning with the first visit.

During 1954 HMSA paid nearly $436,000 to physicians for over 138,000 home and office visits for medical conditions which did not require hospitalization. These visits did not include after-care visits following surgery. The following are a few high incidence medical conditions for which home or office calls were paid:

CONDITION	NO. OF VISITS
1. Upper Respiratory Infection	24,596
2. Non-Surgical Injuries	14,518
3. Tonsillitis-Laryngitis	9,458
4. Skin Conditions	9,318
5. Bronchitis (Acute and Chronic)	7,752
6. Gastritis-Enteritis	6,908

HMSA fully realizes that abuse of home and office visit benefits can easily cause increased dues or a reduction in benefits to the members. In view of this, very careful statistics are maintained on medical benefits by diagnosis, frequency of treatment and by physicians rendering such services. The information is accumulated on International Business Machines and details are readily available for study on short notice. In its operations, HMSA has found it necessary to review high claims utilization with physicians, subscribers and on occasions with the employer in an effort to educate all concerned to the real value of this phase of medical protection. Physicians have been found to be most cooperative. For an example of the effects of frequent use of Home and Office visits, let us examine the family of Mr. "X":

> During the period April, May and June 1955, the family of Mr. "X" visited a physician for a total of 35 visits for minor medical conditions. As the claims were for several members of the family, HMSA is responsible for 27 calls for a cost of approximately $81.00. In this same period, the total monthly dues paid by the family totalled $35.25.

In the case of Mr. X one can readily see that there will never be any dues accrued to protect this family if surgery or hospitalization are required, therefore, the monthly premiums paid by other members must be utilized to carry this family. It would not require very many X-families to cause a general rate increase for all members or a reduction of home and office benefits. Once a member realizes the impact that unnecessary visits for minor illnesses will have on his own pocketbook, he becomes more careful about guarding his medical plan. It is very difficult for HMSA to carry out this educational program alone. Therefore, we solicit the assistance of physicians, their office personnel and hospitals. HMSA has conducted group seminars for doctors' office assistants and nurses with an appeal for their cooperation, and is grateful for the excellent response received.

From a statistical standpoint, if there had been *one less* home or office visit per case during 1954, a sum of $162,000 would have been available to cover more benefits, such as necessary diagnostic procedures, elimination of some exclusions or extension of medical visits for protracted illnesses or increased allowances on the existing physician fee schedule.

It is not the intent of HMSA to deny the member the privilege of a necessary visit to the physician, but we are sincerely working toward educating both physicians and members to avoid unnecessary calls. In our review with physicians we often hear that the patients return to the doctor's office even after being instructed not to return. On the other hand, members have reported that the physician has asked them to return for more visits even after the patient felt he had fully recovered from a minor illness. We feel that the member, the physician and HMSA must work closely together in order that all members may enjoy more benefits at the lowest possible cost and assure the physicians of a fair compensation for their professional services.

County Society Reports

Hawaii

A dinner meeting of the Hawaii County Medical Society was held on June 22, 1955 at the Naniloa Hotel. Present were: Drs. P. Brown, M. H. Chang, H. E. Crawford, C. Carter, C. C. Custer, C. Hayashi, J. T. Jenkin, T. Kutsunai, Z. Matayoshi, J. A. Mitchel, R. Miyamoto, A. Orenstein, T. T. Oto, H. S. Paynter, N. Steuermann, G. Y. Tomoguchi, T. D. Woo, R. A. Yamanoha, and H. Yuen. Drs. H. Yannet, Angie Connor, Pershing Lo, and Ngirailild were guests.

Dr. Theodore Oto, President, called the business meeting to order and the following business was transacted:

The possibility of a joint meeting with the Woman's Auxiliary was discussed and will be decided at a later date.

The resignation of Dr. Edward Wong as Treasurer of the Society was announced. Dr. Richard Yamanoha was nominated as Treasurer by Dr. G. Tomoguchi, and elected unanimously.

A letter from the Community Chest asking for the doctors' preference as to the method of soliciting for their annual campaign was discussed. The motion was made by Dr. A. Orenstein and passed, that the doctors contribute individually as they have in the past.

Following the business meeting Dr. H. Yannet, Professor of Pediatric Neurology, Yale University School of Medicine, gave a very stimulating talk on "Medical Aspects of the Retarded Child."

JAMES A. MITCHEL, M.D.
Secretary

Honolulu

The regular monthly meeting of the Honolulu County Medical Society was held Tuesday, June 7, 1955 at 7:30 P.M. in the Mabel Smyth Auditorium. Dr. R. C. Durant presided and approximately 90 members and guests were present to hear two of our Honolulu attorneys present talks pertaining to medicine and the law. The talks were: Medico-Legal Safeguards, by V. Thomas Rice; The Doctor in Court, by Thomas M. Waddoups.

Drs. Ed Bumpass Helms and Nathan Shklov were welcomed into the Society as new members.

The status of the summer meetings was discussed and upon motion made and duly seconded, the membership voted to dispense with the July and August meetings.

A first reading of amendments to the Constitution and By-Laws was read by Mr. Kennedy, Executive Secretary. No action was necessary.

Amendments to the present budget which included an additional $200.00 for attorney's retainer fee, $500.00 for printing of Standard Insurance Forms and $237.00 for an electric folding machine were taken up and discussed. Following a brief discussion it was moved and passed that the amendments to the budget be approved.

There being no further business the meeting adjourned to the lanai for refreshments.

T. NISHIGAYA, M.D.
Secretary

Kauai

The regular meeting of the Kauai County Medical Society was held in the Wilcox Memorial Hospital Library, June 7, 1955, at 7:30 p.m. with Webster Boyden, M.D. presiding. Members present were Drs. Fujii, Kuhlman, Kuhns, Masunaga, Rutherford, Wade and Wallis. Guest: Dr. Shilling.

Appointments were made by the President for members to serve as Committee Chairmen, as follows:

COMMITTEE	CHAIRMAN
Diabetes	Dr. Brennecke
Cancer	Dr. Ishii
Chronic Disease	Dr. Cockett
Legislature	Dr. Kuhlman
Radium Advisory	Dr. Fujii
Procurement and Assignment	Dr. Wade
Emergency Medical Service	Dr. Wade

The meeting was turned over to Miss Myrna Campbell, R.N., Department of Health. An informative discussion followed regarding the policies procedure, and eligibility, etc., of various Board of Health Clinics carried on Kauai by the Board of Health, which added to the mutual understanding between the doctors and Board of Health supervisory personnel.

* * *

A special meeting of the Kauai County Medical Society was called to order by Dr. Webster Boyden at 7:30 on June 28, 1955, in the Wilcox Memorial Hospital Library to take the place of the regular July meeting. Members present were Drs. Cockett, Fujii, Goodhue, Kim, Kuhlman, Masunaga, Wade and Wallis. Guests were Drs. Angie Connor, Yannet, and Howe.

Dr. Kim advanced the thought of early tuberculin survey on all pre-school children and its benefits. Action to be taken later.

Dr. Connor introduced Dr. Herman Yannet, who gave a scholarly discussion on the subject of the mentally retarded child.

BURT O. WADE, M.D.
Secretary

Umi Makahiki I Hala*

Honolulu County Medical Society

The annual meeting of the Honolulu County Medical Society was held in the Mabel Smyth Auditorium on Friday, April 6, 1945. The annual reports were read and approved. Due to the uncertainty as to which doctors will remain in civilian practice during the coming year, it was voted to postpone the annual election of officers for at least sixty days. Delegates were elected for the annual meeting of the Hawaii Territorial Medical Association.

New Internes

The interne staff of the Queen's Hospital has been bolstered recently by the addition of five new members. **Dr. Claude Vernon Caver . . . Dr. James Thomas Hearin . . . Dr. Donald Herbert Robinson . . . Dr. Robert Craig . . . Dr. James Grant Marnie.**

Personals

Drs. Rogers Lee Hill and **John Felix** accepted commissions in the Medical Corps, United States Naval Reserve, in July. Lieutenant Commander Hill is on duty temporarily at the Aiea Naval Hospital, and Lieutenant (jg) Felix has not yet reported for duty at this writing.

Two members of the Honolulu County Medical Society were recently awarded official military commendations by Lt. Gen. Robert C. Richardson, Jr., for outstanding medical services rendered to the community on and after December 7, 1941. **Dr. F. J. Pinkerton,** first as a member of the preparedness committee of the Medical Society, and later as the director of the Territorial blood plasma bank under the office of civilian defense, contributed significantly to the Pearl Harbor emergency. **Dr. Francis J. Halford** was director of shock and burn teams, emergency medical and ambulance service, Honolulu, on and after December 7, 1941.

Dr. Homer N. Izumi transferred his membership to the Honolulu County Medical Society from Maui, and has opened offices for the general practice of medicine and surgery at 269 South Vineyard St. in Honolulu. Dr. Izumi was for five years staff officer at Kula Sanatorium.

Back from schooling at the University of Pennsylvania, Mayo Clinic, Tulane Medical School and the N. Y. Graduate School, **Dr. Yorio Wakatake,** Honolulu obstetrician and gynecologist, has resumed his practice at 2038 South King St.

Dr. L. Clagett Beck of The Clinic has returned to St. Croix, in the Virgin Islands, as a government physician there. Dr. Beck came to Honolulu from the Virgin Islands six years ago.

* Ten years ago. From Volume 5, Number 1, September-October, 1945.

Correspondence

To the Editor:

The editorials of the Hawaii Medical Journal, July-August, 1955 issue, entitled "But to None Others," "Fluoridation," and "Don't Condemn Cutter" are outstanding contributions for editorial writing in the medical field. They reflect excellent judgment and logic and are based on reason and advances in the medical sciences. They clearly bring out that in the application of medical science and public health practices, service to the public comes before all other considerations.

Congratulations for a job well done.

When I was in Kuala Lumpur, I visited the Institute of Medical Research Laboratory for Malaya and found that they are receiving copies of the Hawaii Medical Journal. Dr. Field, the medical director, commented favorably on our publication. His only objection to the journal was the fact that pictures of the authors of papers were shown—conservative British!

Richard K. C. Lee, M.D.
President, Board of Health

Aug. 5, 1955

Notes and News

This column is written for your information and entertainment about your professional, scientific, and social accomplishments. If you have any newsworthy items, kindly phone the news editor, Dr. W. J. Holmes or his secretary at 6-2105, or mail them to 280 Young Hotel Building.

DOCTORS

Travellers . . .

. . . to Korea

Dr. You Chan Yang, Honolulu physician who became Korean Ambassador to the United States years ago, passed through Honolulu enroute to Korea for consultation with President Syngman Rhee and others.

. . . through east Asia

Dr. Richard K. C. Lee, President of the Territorial Board of Health, returned from a goodwill tour of Asia. His trip was sponsored by the International Education Exchange Program of the State Department. He visited Korea, Formosa, Hong Kong, Singapore, Malaya, and Indonesia.

On the Political Scene

Dr. Philip M. Corboy, staunch Democrat, was appointed to the Democratic vacancy of the Hawaii Statehood Commission. Dr. Corboy is also active in the local anti-communist organization, IMUA, and the American Legion.

Dr. Corboy, while visiting in Indianapolis recently, outlined plans for the American Legion's scheduled post-convention tour of Hawaii in 1956.

On the Sport Scene

Dr. Joe Palma won the Oahu Country Club Class A Ace play for June, 1955.

Dr. Douglas Murray participated in the Trans-Pacific Yacht Race as part of the crew on the yacht Nordlys.

Dr. K. M. Amlin helped sail the yacht Typee in the 1955 Oahu-Kauai Yacht Race.

Dr. William John Holmes, founder of the Oahu-Kauai Yacht Race, presented perpetual trophies to the first yacht and catamaran to cross the finish line.

New Arrivals . . .

. . . Interns and Residents

Physicians from eight nations including the United States, Canada, Mexico, Europe, and various countries throughout the Far East have chosen Hawaii to serve their internships and residencies.

Welcome To All of You

St. Francis Hospital:

Antonio Abiog, M.D.
University of Santo Tomas, Philippines

Gazanfer Alkaya, M.D.
University of Istanbul, Turkey

Francisco Corpuz, M.D.
Manila Central University, Philippines

Lauro Adevoso, M.D.
University of Santo Tomas, Philippines

William Dung, M.D.
University of Washington

Keiichi Goshi, M.D.
Kobe Medical College, Japan

Nobutaka Kubota, M.D.
Kyoto University, Japan

Lydia Koh, M.D.
University of Santo Tomas, Philippines

Avelino Lazo, M.D.
University of Santo Tomas, Philippines

Kidjchai Leeswasdi, M.D.
University of Medical Science, Bangkok, Thailand

Naoya Miura, M.D.
Nippon Medical School, Japan

Gloria Natino, M.D.
University of Santo Tomas, Philippines

Alvin Paraz, M.D.
University of Santo Tomas, Philippines

Walter Printzen, M.D.
University of Autonoma, Mexico

Arturo Salcedo, M.D.
University of Santo Tomas, Philippines

Relinda Serafica, M.D.
University of Santo Tomas, Philippines

Miguel Tecson, M.D.
University of Santo Tomas, Philippines

Milton Trager, M.D.
University of Autonoma, Mexico

Chiung Yin Yang, M.D.
Medical School of National Taiwan University, Formosa

The Queen's Hospital:
Interns:

Robert D. Bright, M.D.
University of California

Albert K. S. Chun, M.D.
Creighton University

Mary E. Johnston, M.D.
University of Tennessee

Alan K. Luning, M.D.
Creighton University

William D. Munn, M.D.
University of Western Ontario

Michael M. Okihiro, M.D.
University of Michigan

Ellen S. Song, M.D.
Stanford University

Henry N. Yokoyama, M.D.
University of Michigan

Paul G. Stevens, M.D.
University of Vermont

William C. Wilson, M.D.
University of Cincinnati

Residents:

Carl B. Mason, M.D.
Stanford University

Richard S. Omura, M.D.
Creighton University

Keith E. Nesting, M.D.
University of Alberta

George D. Oakley, M.D.
George Washington University

Kaoru Sasaki, M.D.
Creighton University

Roy Iritani, M.D.
University of Colorado

Arno Mundt, M.D.
University of Wisconsin

Puna Zarate
University of Santo Tomas, Philippines

Ralph M. Beddow, M.D.
University of Oregon

Emiko Sakurai, M.D.
Tokyo University, Japan

Yoshie Takagi, M.D.
Women's Medical College

Carlos Garza, M.D.
University of Nuevo Leon, Mexico

Jerome Peacock, M.D.
Cornell University

Donald Munn, M.D.
University of Western Ontario

Kuakini Hospital:

Teruo Shima, M.D.
Tokushima Medical School, Tokushima, Japan

Setsuo Nomura, M.D.
Hiroshima Medical School, Hiroshima, Japan

Joan Junko Takeuchi, M.D.
Osaka Women's Medical College, Osaka, Japan

Noboru Akagi, M.D.
Keio University School of Medicine, Tokyo, Japan

Haruo Takase, M.D.
Chiba Medical College, Chiba City, Japan

Minoru Tamura, M.D.
Yamaguchi Medical College, Yamaguchi, Japan

Noboru Takeda, M.D.
Juntendo Medical College, Tokyo, Japan

Hidetaka Sagawa, M.D.
Keio University School of Medicine, Tokyo, Japan

Tadashi Ohsawa, M.D.
Hokkaido University School of Medicine,
Hokkaido, Japan

Kauikeolani Children's Hospital:

J. Dempsey Huitt, M.D.
Bowman Gray School of Medicine, North Carolina

Glen G. Cayler, M.D.
University of California

Mitio Kumagai, M.D.
Keio University School of Medicine, Tokyo, Japan

Henry Grade McRae, Jr., M.D.
University of Texas Medical Branch

Kapiolani Maternity and Gynecological Hospital:

Chen Yuen Kau, M.D.
National Formosa University, Formosa

Chen Tung Chang, M.D.
National Formosa University, Formosa

Eugenio de la Cruz, M.D.
Manila Central University, Manila, Philippines

Antonio de Paiva Parada, M.D.
Faculty of Medicine, Coimbra, Portugal

Leahi Hospital:

John A. Harbinson, M.D.
University of Toronto, Toronto, Ontario, Canada

Takeo Mukai, M.D.
Nagoya University School of Medicine,
Nagoya, Japan

Charles Ten-Wei Yun, M.D.
National Tung-Chi University, Shanghai

. . . new babies

Dr. and Mrs. William G. Davis became the parents of their first son, William Gordon, born on June 8, 1955.

Dr. and Mrs. Francis T. C. Au announce the arrival of their second child, Lee K. W., born June 22 at Camp Rucker, Alabama.

Dr. and Mrs. Clifford K. Kobayashi are parent of their fourth daughter, Rita K., born on June 28.

Honored . . .

. . . by businessmen

Dr. Min Hin Li was chosen Medical Father of the Year by the Retail Board of the Honolulu Chamber of Commerce. Dr. Li is a graduate of Punahou, the University of North Dakota and Jefferson Medical College. He has been practicing in Hawaii since 1924.

. . . posthumously

The name of **Dr. Marcus Guensberg,** the late Medical Director of the Territorial Hospital, was given to a section of the new medical service building at Kaneohe, in accordance with a resolution adopted by the last legislature in recognition of Dr. Guensberg's contributions in the field of mental health in the Territory.

. . . by The Queen's Hospital

Dr. R. O. Brown was presented with a pendant carrying the Queen Emma emblem upon his retirement from Queen's Hospital as Chief of the Urology service, and from his private practice as well, for health reasons.

Elected . . .

. . . by G.P.'s

The Honolulu Academy of General Practice elected the following officers:

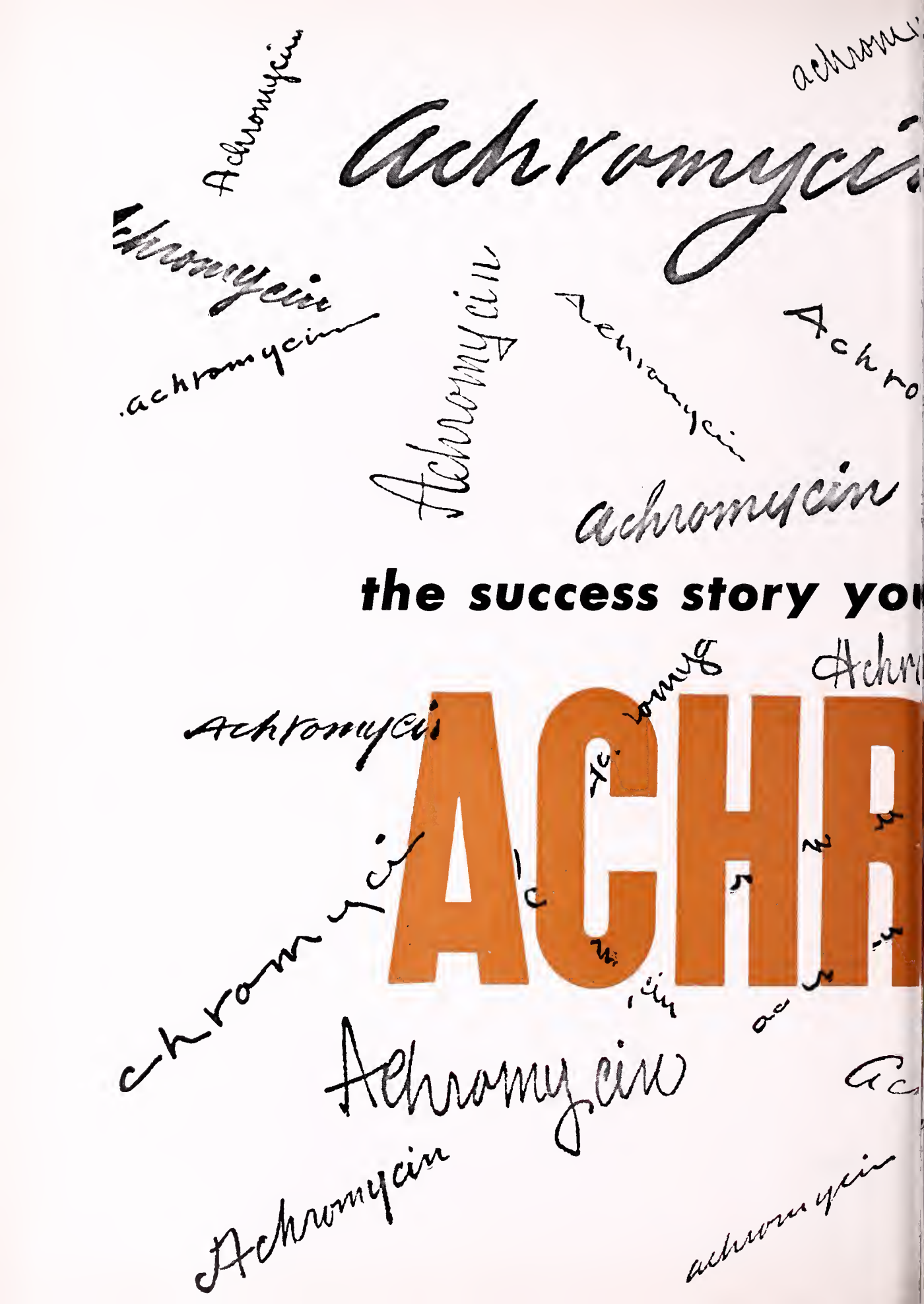
Dr. John William Devereux, President

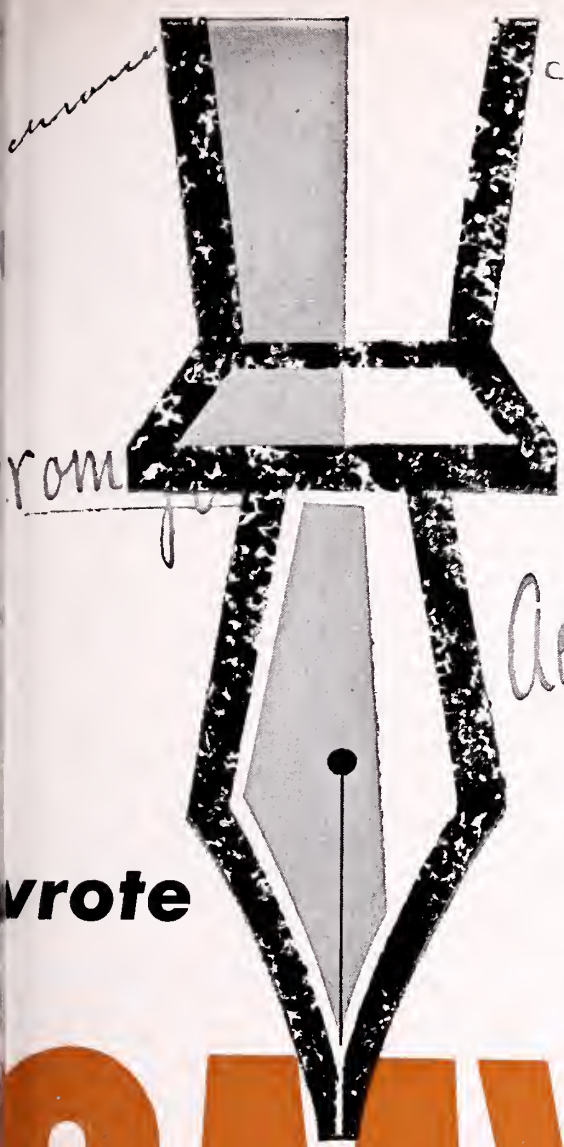
Dr. H. Q. Pang, Vice-President

Dr. Howard Liljestrand, Secretary-Treasurer

Drs. Homer R. Benson, Edward F. Cushnie, Theodore Tomita, Edmund L. Lee, Raymond K. Uyeno, and Masato Mitsuda, Directors.

(*Continued on page 50*)


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dry-filled capsules

When you have prescribed ACHROMYCIN you have confirmed its advantages—again and again. It is well tolerated by patients of every age. Compared with certain other antibiotics, it has a broader spectrum, diffuses more rapidly, is more soluble, and is more stable in solution. It provides prompt control of many infections including those caused by Gram-positive and Gram-negative bacteria, rickettsia, and certain viruses and protozoa. Furthermore, it is a *quality* product; every gram is made under rigid control in Lederle's *own* laboratory.

ACHROMYCIN, a major therapeutic agent now...growing in stature each day!

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*REG. U. S. PAT. OFF.

. . . by the Kamehameha Lions Club

Dr. Raymond K. Uyeno was installed as President.

. . . by the Oahu Health Council

Dr. Harry L. Arnold, Jr., President
Dr. Walter Quisenberry, Second Vice-President
Dr. William S. Ito, Director.

. . . by the community

Dr. Angie Connor is the new Chairman of the Community Committee for the Prevention of Home Accidents.

Assigned . . .

. . . Tripler head

Brigadier General John F. Bohlender, M.C., U.S.A., came to Hawaii from Ft. Sam Houston, Texas. General Bohlender is a graduate of Grove City College and Jefferson Medical College, Pennsylvania. He interned at Walter Reed Army Hospital in Washington, D. C. He served in Hawaii at the old Tripler Hospital between 1931 and 1934. During World War II, he served in the Southwest Pacific.

Appointed . . .

. . . to the County Advisory Health Committee

Drs. David I. Katsuki, Samuel Yee, F. J. Pinkerton, Min Hin Li, Morton E. Berk, Fred I. Gilbert, Jr., and John M. Felix are members of a committee to study the City-County medical service.

. . . to the Rehabilitation Center

Dr. F. Frederick Shepard is the new Medical Director of the Rehabilitation Center of Hawaii. Dr. Shepard came to Hawaii from the Institute of Physical Medicine and Rehabilitation, New York University. He is a graduate of Tufts Medical College. He interned at the New England Center Hospital, Boston, followed by a two year residency in physical medicine at New York University-Bellevue Medical Center.

. . . Psychiatric Clinical Director

Dr. Robert Spencer was named to this post at the Territorial Hospital at Kaneohe.

. . . OPD chief

Dr. Ralph M. Beddow, Chief Medical Resident, is the new head of Queen's Hospital Outpatient Clinic. Dr. Beddow is a native of Honolulu. He is a graduate of St. Louis College and the University of Oregon School of Medicine. He completed a three year fellowship in internal medicine at the Mayo Clinic and received a Master of Science degree from the University of Minnesota Graduate School of Medicine.

. . . Government Physician

Dr. Andrew C. Ivy was appointed to the Koolauloa District of windward Oahu.

Dr. Lewis A. Shapiro now serves as part-time government physician for the Waianae-Nanakuli District.

Dr. William S. Ito was named Assistant City and County Physician, succeeding Dr. Raymond Hiroshige, who was called to active duty with the Navy.

. . . Physician at the Kahuku Community Hospital

Dr. Robert C. Bell. Dr. Bell is a graduate of University of Washington. He interned at the Swedish Hospital, Seattle, followed by two years of military service. Prior to coming to Hawaii, he had a two year general practice residency at the University of Colorado Medical Center.

Married

Dr. Francis Wong married Miss Claire Amana of Aiea at Sacred Heart Church.

Dr. William Herbert Stevens married Miss Marion Jean Ballentyne at the Parke Memorial Chapel of St. Andrew's Cathedral.

Addressed . . .

. . . anti-alcoholics

Dr. Pershing S. Lo was the key speaker before the third annual meeting of the Hawaii Committee on Alcoholism.

. . . Adventurers

Dr. Howard Liljestrand spoke to the Adventurers Club on "Cruising and Fishing in South East Alaska."

. . . druggists and Lions

Dr. James R. Enright discussed the Salk vaccine program at meetings of the Hawaii Retail Druggist Association and the Waikiki Lions Club.

. . . technologists

Dr. William John Holmes addressed the Hawaii Society of Medical Technologists on "Medical Progress in Asia."

. . . parishioners

Dr. H. Joseph Simon spoke from the pulpit of Temple Emanu-El on the subject, "The Use of Religion in Psychiatry."

. . . M.H.A.

Dr. E. W. Haertig, Director of Division of Mental Health, Department of Health, was the principal speaker at the annual meeting of the Mental Health Association. The title of his address was "Listening with Both Ears."

. . . nurses

Dr. M. H. Mack spoke at the July 1955 meeting of the Operating Room Nurses of Oahu on "Plastic Surgery."

. . . interns

Dr. H. M. Johnson spoke on skin manifestations of internal disease before The Queen's Hospital interns and residents, in August.

New offices . . .

. . . in OB

Dr. Ethel O. Oda announces the opening of her office for obstetrics and gynecology at 56 South Kukui Street. Dr. Oda is a graduate of the University of Hawaii, and Tufts Medical School in Boston. She interned at Hackley Hospital in Michigan. Following a medical tour of

Japan, she received her training in obstetrics and gynecology at Kuakini Hospital.

Dr. Jack S. Woodruff announces the opening of his office at Room 209, Kailua Shopping Center for the practice of obstetrics and gynecology. Dr. Woodruff is a graduate of Ohio State University. He interned at the Indianapolis General Hospital. He served a year's residency in pathology at Aultman Hospital, Canton, Ohio, and three years' residency in obstetrics and gynecology at King County Hospital, Seattle, and at Kapiolani and St. Francis Hospitals in Honolulu, and two tours of duty in the U. S. Navy Medical Corps.

Dr. George Goto became associated with Dr. Richard Y. Sakimoto in the practice of obstetrics and gynecology. Dr. Goto is a graduate of Washington University Medical School. He interned at Salt Lake General Hospital, Salt Lake City, Utah. He served a year's residency in obstetrics and gynecology at the St. Louis Maternity Hospital followed by two years residency at the St. Louis City Hospital, St. Louis, Missouri. From 1952 to 1954 he was in the Army.

. . . in medicine

Dr. Warren L. H. Wong announces the opening of his office for the practice of internal medicine at 297 South Vineyard Street. Dr. Wong is a graduate of the University of Hawaii and New York University. He interned at The Queen's Hospital, followed by residencies at Leahi Hospital and at the University of California Hospital and Medical Center in San Francisco. He recently completed two years' service in the United States Army Medical Corps.

Dr. Shigeru R. Horio announces his association with Drs. D. Choy, A. Ishii, and R. Tanoue of Clinical Associates at 1010 South King Street. Dr. Horio will limit his practice to internal medicine. Dr. Horio attended the University of California School of Medicine and graduated from the University of Utah School of Medicine. He served his internship at Detroit Receiving Hospital. He also served a residency in pathology at the Michael Reese Hospital in Chicago and in medicine at The Queen's Hospital, Honolulu. He is certified by the American Board of Internal Medicine. Dr. Horio recently completed two years of duty in the U. S. Army Medical Corps.

. . . in general practice

Dr. Robert Ballard is now associated with Dr. Louis Gaspar in the practice of medicine. Dr. Ballard is a graduate of George Washington University, Washington, D. C. He interned at the Clinical Dispensary Emergency Hospital, Washington, D. C., and at St. Francis Hospital, Honolulu. He also had resident training in obstetrics, medicine, and surgery at St. Francis Hospital, Honolulu, and pediatrics at Kauikeolani Children's Hospital, Honolulu. He recently completed two years of duty with the U. S. Army Medical Corps.

. . . solo

Dr. A. Leslie Vasconcellos announces the opening of his new office at 1128 Alakea Street.

. . . in pediatrics

Dr. Louise S. Childs announces the opening of her office at Aina Haina Shopping Center with practice limited to pediatrics. Dr. Childs is a graduate of Bryn Mawr College and Johns Hopkins Medical School. She received three years of pediatric training at Johns Hopkins Hospital and Bellevue and Sea View Hospitals in New York City. She is a fellow of American Academy of Pediatrics and is certified by the American Board of Pediatrics.

. . . in urology

Dr. Walter S. Strode, son of Dr. J. E. Strode, became associated with the Straub Clinic with practice limited to urology. Dr. Strode is a graduate of Washington University, St. Louis. He interned and had a residency in surgery at The Queen's Hospital, Honolulu. He received his urologic training at the Oschner Clinic, New Orleans, and recently completed two years duty in the U. S. Army Medical Corps.

. . . in radiology

Dr. Robert G. Rigler became associated with the Straub Clinic in the x-ray department. Dr. Rigler is a graduate of the University of Iowa Medical School. He interned at John Gaston Hospital in Memphis and received his training in radiology at the Mayo Clinic. He served in the U. S. Navy Medical Corps from 1950 to 1952.

Dr. Edgar Childs announces that he is now serving as full-time radiologist at Kuakini Hospital.

. . . in a new building

The **Alsup Clinic** announces its new location in the Alsup-French Building at 1154 Bishop Street.

. . . in surgery

Dr. Edward K. S. Lau returned to rejoin the Chock-Pang Clinic at 52 South Vineyard Street, with practice limited to surgery. During his stay on the mainland, Dr. Lau studied for three years at Baylor University, Waco, Texas, specializing in general surgery.

. . . in the Armed Forces

Captain Gail Li went on active duty with the United States Army on July 25, 1955.

Captain James G. Harrison entered active Army service on May 31, 1955 and is stationed at Tripler Army Hospital.

Lieutenant Raymond Hiroshige was called to active Navy duty on July 18, 1955.

First Lieutenant Gerald Bruce went into active service on July 6, 1955. After preliminary Army training at Ft. Sam Houston, he is now stationed in Germany.

Island News . . .

. . . from Hawaii

Dr. James E. Mitchell, of Kealakekua, Kona, has volunteered for active duty with the U. S. Navy. His office is now being occupied by **Dr. Thomas Mar,** formerly of Hana, Maui.

Dr. William Davis is the new plantation physician at Laupahoehoe, replacing **Dr. George Oakley,** now beginning a surgical residency at Queen's Hospital, Honolulu. He is married and has a son.

Dr. Robert Kaufmann and family of Pahala were suddenly called back to Illinois by the tragic death of both his parents in an automobile accident. Our sympathies are with them in this time of sorrow.

Dr. Clarence Carter, formerly of Honokaa, has been working harder than ever since he retired last year. He has been at Pepeekeo Clinic through June and July, and

is now relieving **Dr. C. Hayashi** of Kealakekua, Kona, who is on vacation during August.

Dr. James Rutherford, formerly of Kohala, is now relieving for **Dr. S. R. Brown,** who is on an extended vacation on the mainland.

Dr. Ed B. Helms, formerly of Ewa Plantation, is newly associated with Drs. Orenstein and Bergin. Dr. Helms is married and has three children.

Dr. Tokuso Taniguchi of Hilo, has returned after an absence of 20 years. Following completion of a surgical residency in Milwaukee, he served 3 years in the Army in Japan, where he was Chief of Surgery of the 343rd Hospital. He is a diplomate of the American Board of Surgery and a Fellow of the American College of Surgeons. Dr. Taniguchi plans to open an office for the practice of surgery in the near future. He is married and has a son.

Dr. and Mrs. Richard Yamanoha are the happy parents of a son, John Henry, born April 19, 1955.

Dr. and Mrs. Grant Stemmermann are the proud parents of a daughter, Maile, born July 27, 1955.

Dr. Richard Hata was married on April 13, 1955 to Miss Yoshie Saruwatari. Our heartiest congratulations.

Money has been appropriated for the architectural planning of a wing to be added to the Puumaile Hospital, Hilo. This would enlarge the facilities and bed capacity of that hospital so that it could become additionally a general hospital. If carried through to completion, the present Hilo Memorial Hospital would be converted into a convalescent and aged people's home.

Dr. J. A. Mitchel has returned from a mainland vacation trip with his family, and has opened his office for surgery at 140 Kinoole Street.

. . . from Kauai

Dr. James A. Rutherford has moved to Hilo where he is associated in practice with **Dr. S. R. Brown.**

Dr. P. M. Cockett and **Dr. Peter Kim** returned from their mainland trips and resumed their practice.

. . . from Molokai

Dr. John H. Allen, who recently completed his internship at The Queen's Hospital, is now practicing with **Dr. J. I. Frederick Reppun** of Kaunakakai. Dr. Allen is a graduate of Marquette University School of Medicine.

. . . from Maui

Dr. Clifford F. Moran, who was at Kapiolani and St. Francis Hospitals from 1951-52, is now pathologist at Central Maui Memorial Hospital. A graduate of New York Medical College, Dr. Moran interned at Nassau Hospital, Mineola, N.Y., and at Beekman Street Hospital, New York City. He served his residency in pathology at Pennsylvania Graduate Hospital and Flower–Fifth Avenue Hospital, where he also instructed in pathology. He did postgraduate work in surgical pathology at Presbyterian Hospital, New York. From 1943-46 he was on active duty with the U.S. Public Health Service. Since 1952 he has been senior pathologist with the Armed Forces Institute of Pathology in Washington. Dr. Moran was certified by the American Board of Pathology in 1949.

NEWS

N.S.C.C.A. Meets

Chicago has been selected as the 1955 convention city for the National Society for Crippled Children and Adults, the Easter Seal Society. Dates are Nov. 28-30 and the Palmer House will be the convention hotel.

Top authorities in rehabilitation, medicine, welfare, business, industry and government will participate in this year's program marking the Society's 35th year of service to crippled children and adults across the nation.

American College of Surgeons

The medical profession at large is invited to attend any of six Sectional Meetings of the American College of Surgeons, to be held in cities throughout the United States and Canada during 1956. Meeting cities are Jacksonville, Florida, January 16-18; Philadelphia, Pennsylvania, February 13-16; Milwaukee, Wisconsin, February 27-29; Colorado Springs, Colorado, March 5-7; Little Rock, Arkansas, March 12-13; Edmonton, Alberta, April 23-25.

These meetings, like the five-day annual Clinical Congress, to be held in Chicago, October 31 through November 4, 1955, are designed for the purpose of disseminating information about new methods and therapies. In these programs the college draws on surgeons of outstanding ability, acting as teachers, to focus attention on problems encountered in day-to-day practice. Panels, symposia, papers and medical motion pictures or greatest value to doctors practicing in the area are presented. What the surgeons want, and whom they want to hear determines the programs, for these meetings are planned by local committees and aided by the college. Attendance at these Sectional Meetings grows each year, an indication of the modern surgeon's desire to keep informed.

Further information may be obtained from Dr. H. Prather Saunders, Associate Director, American College of Surgeons, 40 East Erie Street, Chicago 11, Illinois.

Urology Award

The American Urological Association offers an annual award of $1000 (first prize of $500, second prize $300 and third prize $200) for essays on the result of some clinical or laboratory research in Urology. Competition shall be limited to urologists who have been graduated not more than ten years, and to men in training to become urologists.

The first prize essay will appear on the program of the forthcoming meeting of the American Urological Association, to be held at the Statler Hotel, Boston, Massachusetts, May 28-31, 1956.

For full particulars write the Executive Secretary, William P. Didusch, 1120 North Charles Street, Baltimore, Maryland. Essays must be in his hands before December 1, 1955.

Gastroenterological Convention

The Annual Convention of the American College of Gastroenterology will be held at The Shoreland in Chicago, Ill., on October 24, 25 and 26, 1955.

In addition to interesting individual papers on gastroenterology and allied fields, the program will include a panel discussion on "Peptic Ulcer" with Dr. Clifford J. Barborka as moderator. There will be scientific as well as commercial exhibits.

The Annual Course in Postgraduate Gastroenterology,

(*Continued on page 86*)

KNOX Protein Previews



New Study Shows Gelatine
Restores Brittle Fingernails to Normal

Directions for making the Knox Gelatine drink in every package



Brittle, fragile or laminating fingernails are the bane of many a woman's existence. Yet this highly prevalent and distressing condition often has gone uncontrolled for lack of effective therapy. Now, you can promise these patients substantial relief in a large percentage of cases.

In a recent study[1] that confirmed previous work[2] Knox Gelatine was used to treat 36 women with fragile, brittle, laminating fingernails. The response was most gratifying. Except for three patients who discontinued the therapy, three diabetics, and two women who had congenital deformities, the splitting ceased and all other patients were able to manicure their nails to a full point by the time the study ended.

Optimal dosage proved to be one envelope (7 grams) of Knox Gelatine administered daily for three months. Improvement, however, was noted after the first month. If you would like more complete details of this work, just use the coupon.

1. Rosenberg, S. and Oster, K. A., "Gelatine in the Treatment of Brittle Nails," *Conn. State Med. J.* **19**:171-179, March 1955.
2. Tyson, T. L., *J. Invest. Dermat.* **14**:323, May 1950.

Chas. B. Knox Gelatine Company, Inc.
Professional Service Dept. SJ-9
Johnstown, N. Y.

Please send me a reprint of the article by Rosenberg and Oster with illustrated color brochure.

YOUR NAME AND ADDRESS

"...use a little wine for thy stomach's sake and thine often infirmities..."

—Paul

The use of wine in nutrition and in medicine dates back to the beginning of history. It is recorded in the ancient Egyptian papyri, in the Bible—as in the oft-quoted admonition from Paul to Timothy—and in epicurean and medical annals from Hippocrates down to our own times.

In recent years there has developed a demand within the medical profession that the true values of wine be determined, and that fact be separated from folklore. Accordingly, fifteen years ago, research projects in many American medical centers were initiated to determine by modern scientific techniques the food values and medical uses of wine.*

The investigations have brought forth evidence which may be of interest and practical value...

...Wine stimulates the appetite in anorexia, and gently increases gastric secretion.

...Wine serves as a quick-energy food. Its small amount of hexose is speedily absorbed, and its moderate content of alcohol is metabolized readily, even by diabetics. Its B-vitamins and absorbable iron make it a useful supplementary source of these substances.

...Wine possesses significant diuretic, vasodilating and relaxing properties. The gentle sedation provided by a small amount of wine at bedtime is a pleasant aid in inducing restful sleep.

...A little wine before or with the meal can offer a needed element of "graceful living" to the patient... it can help in the psychological care of the elderly and the convalescent.

In California (and in other regions, too) a combination of soils, climates and modern wine-making skills makes it possible to grow the world's finest wine grapes of every variety, and to produce wine of strict quality standards, true to type, moderate in price.

*Research information on wine is available upon request.

Wine Advisory Board • San Francisco 3, California

INTER-ISLAND NURSES' BULLETIN

Official Publication of the Nurses' Association, Territory of Hawaii

LEONA R. ADAM, *Executive Secretary,* Honolulu

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HAZEL KIM, *Chairman, Nursing Information Committee,* Honolulu

EMILY KAAUA, Hawaii — SALLY NAKANO, Honolulu

MIYOKO MASUNAGA, Kauai — LAURA WONG, Maui

LILA CHUN, *Student, St. Francis School of Nursing*

PRESIDENT'S ADDRESS AT THE 24TH ANNUAL MEETING OF THE NURSES' ASSOCIATION TERRITORY OF HAWAII

There are times in the life of every individual and every organization when an appraisal of past performance and an evaluation of present assets and debits is definitely in order. Inventories and sales analyses are carried out routinely without question in business firms. The religious take a spiritual inventory yearly at the time of retreat. Doctors and dentists strongly recommend that their patients return for periodic check-ups. Teachers frequently subject their students to examinations that test the amount of knowledge acquired. We take all this for granted, but seldom does it enter our minds that perhaps a similar procedure would be most useful to our own Nurses' Association.

If our opinion of nursing were asked by a member of another profession or by a prospective applicant to a school of nursing, it would be easy to respond immediately with the statement that we are proud to be nurses. We are proud of the glorious history of nursing and the major accomplishments of organized nursing within the last twenty years. We are glad to be members of a group that allows (with the exception of only one state) equal participation in the rights of membership to all nurses regardless of race, creed or color. We are aware of the high respect for nursing that has been earned by the courageous and competent conduct not only of our nursing leaders but also of nurses from all ranks of the profession. We know that the research that the American Nurses' Association is carrying on to define nursing accurately and to analyze its functions has been highly commended by experts. Laymen have expressed amazement at the willingness of nurses to look at themselves objectively and to criticize their own shortcomings. In the opinion of some of us, this self-criticism has seemed somewhat excessive at times, almost indicative of what might be said to border on an inferiority complex. Be this as it may, we know that it is quite generally agreed that nursing has made great progress in recent years and has earned the right to professional status.

Much of the work accomplished has been done by the American Nurses' Association as a whole, an organization which comprised 175,840 members in 1954. What have we done locally? It is true that a considerable portion of our time has been spent on organizational problems and the setting up of functions and standards of employment but we are not unique in this allocation of association time. The seven members of our Association who were present at the American Nurses' Association Section Workshop in Los Angeles in May of this year, and your President, who attended the American Nurses' Association Advisory Council meeting held in New York City the previous January, came back to Hawaii feeling that our Association had made greater progress in many areas than even some of the larger state Associations.

Here in Hawaii, we have been fortunate to

have, as our Executive Secretary, Miss Leona Adam. It was with regret that we learned the end of June that Miss Adam would leave us to accept the position of Instructor* in Public Health Nursing at the University of Hawaii School of Nursing. In April of 1955, the Association suffered another loss when its First Vice President, Colonel Eileen Brady, left the Territory to accept an assignment in Washington, D. C. We shall miss seeing Colonel Brady at our meetings, and while Miss Adam will still be an active member of our organization, we shall often feel her loss when we meet difficult problems in carrying on association business.

It is encouraging to note that many nurses in Hawaii are giving freely and generously of their time and energy to bring about the attainment of the objectives of both the American Nurses' Association and the Nurses' Association, Territory of Hawaii. They realize that membership in any organization bestows not only rights but also obligations. They are interested not only in what they can gain for themselves but even more so in what they can contribute to the fulfillment of the purposes of the Association. I believe that many more nurses would be willing to make sacrifices for the Association were they properly motivated.

Many states are finding the rather complicated structure of the American Nurses' Association and the National League for Nursing very difficult to work with on state and district levels. There is some consideration being given at present to the possibility of having only one national nursing organization if our present structure is found unsatisfactory after a fair trial.

Island nurses who have desired to gain advanced clinical knowledge but who have been unable to travel to distant centers of advanced learning on the Mainland have had the opportunity to attend workshops and institutes offered locally. Such educational programs are important for the professional growth of the members of our Association. This fact is recognized by your Board of Directors and they are trying to arrange a workshop on nursing service administration here in Hawaii early in 1956. This will be conducted by the National League for Nursing and the American Hospital Association, and probably will be sponsored jointly by the Hawaii League for Nursing, the Honolulu Hospital Council and the Nurses' Association, Territory of Hawaii.

It is true that budgetary problems have focused our attention on the question: "Why do we exist as a nurses' association?" but that should not make our findings less valuable. Because of the great divergence of opinion evident during the business meetings of the 1954 annual convention regarding the budget proposed for 1955 and methods of meeting it, the Board of Directors of the Association at its first meeting following the convention decided to set up a special committee to study this problem. This committee met in Honolulu in February after considerable ground work had been done by each district association subcommittee on the problem. They made a thorough study of Association finances and offered several recommendations for reducing the deficit. Their suggestions were discussed by the Board but because of the gravity of the matters involved, limited action was taken. However, all of the recommendations were sent to the district associations for discussion prior to the annual meeting.

Since Mrs. Page had already made plans to leave the Territory, the Board adopted one of the recommendations which suggested the consideration of the possibility of using part-time clerical help. Mrs. Page was replaced by a half-time employee with the understanding that this arrangement would be evaluated at the time of the convention.

The INTER-ISLAND BULLETIN committee was also authorized by the board to experiment with a monthly newsletter beginning three months prior to the convention.

In spite of efforts to increase membership, the Treasurer reported at the June 12 board meeting that our anticipated annual income is two thousand five hundred dollars ($2500.00) to three thousand dollars ($3000.00) less than the proposed budget, which makes no allowance for section expenses. Pro-rating the deficit to the districts is not agreeable to many members of our Association. Sponsoring bazaars and similar projects to finance the deficit seems to place the burden on a small number of conscientious workers. The only two alternatives seem to be to reduce our program or to increase our dues. We do have a reserve fund, two thousand dollars ($2000.00) of which was invested in Hawaiian Electric and Hawaiian Telephone Company stock in the spring, but it does not seem to be good business to meet a deficit by dipping into the reserve.

During this convention, we will need to decide the scope of our program for the coming year in terms of what we can afford. In doing so, we dare not ignore our obligations as professional women and and as members of a professional organization. While money is basic and important not only to the work of the total organization but also to that of the sections, it is not all-important. The good will, enthusiasm, and generosity of each and every member of our organization are

* Assistant Professor—ED.

even more important ingredients in our recipe for success. "United we stand; divided, we fall" has been the motto of many organizations that have fulfilled their highest aspirations. With this motto and the motto which will soon be found on all United States paper money as well as coins, "In God We Trust," we cannot help but fulfill our duty to God, to society, to our profession, and to ourselves. We hope that the conclusion of the 24th Annual Convention of the Nurses' Association, Territory of Hawaii will find our members much more aware and appreciative of the objectives and functions of the Association then they have hitherto been.

SISTER MARY ALBERT

GOOD BODY MECHANICS FOR MATERNITY

A group of nurses in slacks or shorts sitting around cross-legged on lauhala mats or bath towels—this was a new look in "in-service education for nurses."

Expectant mothers had been asking nurses for help in relaxation, help in carrying their babies more comfortably, help in relieving postural backaches. Before teaching about body mechanics, nurses first had to learn the essentials of good body mechanics and how to relate them to maternity. A group of nurse instructors in basic schools of nursing and supervisors in maternity work started off with six two-hour sessions. As one of the nurses coming to practice what we had been preaching, I have been asked to tell about the project.

For years we had been telling the women to "relax" but we had not learned to answer their "How can I relax?" It was soon evident that we could not teach relaxation unless we ourselves could relax. For some of us this was a revelation. As the Maternal and Child Health Committee of the Hawaii League for Nursing took up the problem of providing education on this subject, we found nursing backgrounds totally inadequate for the job. We turned to a sister discipline. The physical therapists were experts in this field. They helped prepare a group of nurses willing to give instruction. These nurses have made themselves available for in-service training to hospitals and nurses all over the islands.

Mrs. Claire Tearse, physical therapist, who had taught classes in good body mechanics for childbirth in California, was an excellent teacher. She is living at Tripler with her husband who is on the resident staff there. Mrs. Tearse who has had four babies without anesthesia or analgesia says, "No one can say it does not hurt to have a baby but it can be bearable and interesting and comfortable most of the way if you know what is happening and can relax with the contractions; and most important it is so rewarding. It is really the most wonderful thing in the world for a woman to have a baby and to know what is happening when the baby is born. The emotional satisfaction and gratification are the highlights that make it easier to stand the days and nights of baby tending and diaper washing. Of course, it is much easier if you have your husband with you during labor as most couples at this time want to be together. But most important is having understanding medical and nursing support when you are trying to relax."

The simple maneuver of tilting the pelvis and walking or standing in good alignment seems to shift the baby's weight to a set of larger muscles and relieve backaches. Learning to relax the perineal muscles makes pelvic examinations, rectals, etc. much easier for the patient. Muscle cramps can be relaxed by firmly stretching the cramped muscle and much of the discomfort of labor can be relieved by proper relaxation, adequate nursing support and good positioning of the patient.

It is exceedingly difficult to relax when in pain or excited unless relaxation has been made a habit and the individual has learned to concentrate on the process to the point of shutting out all distraction. This essential ability to concentrate comes only with correct and consistent exercise and relaxation practice. Good voluntary control of specific muscle groups then becomes possible at the time when the strains of pregnancy and labor are greatest.

In teaching parent classes and expectant mothers in clinics and homes, we emphasize that this is not a program for "natural childbirth," but rather that all childbirth is natural. We teach them that practicing good posture and cooperation with nature will keep them more comfortable during pregnancy and that it can make labor and delivery interesting and easier. We find not only the mothers but the fathers in our "expectant parent classes" are eager students. Occasionally, in the mixed groups it is easier to teach the fathers who are always dressed for exercising. Most of them assume the responsibility of teaching their wives. At return meetings both usually come dressed for the part.

Does it really work? Our mothers tell us that it does. Especially important to many is relaxation at toileting since it helps to relieve hemorrhoidal pain and bleeding. Most mothers have less backache and quite a few report sleeping better after practicing relaxation. Regarding labor, one mother who recently had her fifth baby and had been

very apprehensive said, "It was far the easiest time I have had. Even when the contractions were the hardest, I was able to concentrate and relax with them. The labor was only half as long as my previous ones."

The program has spread and we welcome requests from hospital and nurse groups who are interested in it. It has broad applications for all of nursing although the greatest value will be found in caring for the maternity patient.

On Oahu, five hospitals and all public health nurses have had a series of four to six hours in-service training on the subject. In this way the hospital nurses come to understand what is taught to the ante-partum patients in class and at home, and the public health nurses learn how to better prepare patients for their hospital experiences.

The midwives on Oahu who deliver patients without analgesia or anesthesia were eager for practical help on relaxation. After a six-month trial period, they report that the patients who practice relaxation during pregnancy have less heartburn and backache and their labors seem shorter. They also are better able to control their breathing and muscular efforts during delivery.

Major Champion and her staff at Booth Memorial Home felt that this teaching would help their mothers. With the approval of their obstetrical consultant, the classes for mothers now include good body mechanics for everyday living, minimizing the discomfort of pregnancy and cooperating with the body during labor and delivery.

Neighbor islands nurses have been very much interested. The Kauai Medical Society discussed the project and gave their approval suggesting an evaluation at the end of the year. Kauai and Wahiawa areas had coordinated setups with physicians, hospital nurses, dispensary nurses, and public health nurses working together. The Maui public health nurses and key hospital personnel held an institute, as did the Hawaii public health nurses.

Most important in the promotion of good body mechanics for maternity is the teaching of expectant parents. Hawaii nurses are teaching about 1600 expectant parents a year in organized classes through the cooperative effort of the American Red Cross, the Territorial Department of Health, Department of Public Instruction, and the University School of Nursing. Referrals to classes come from private physicians, clinics, and self referrals. At present a ten-minute weekly television program is increasing our registration.

The evaluation of this project will have to come from the mothers who deliver their babies after good preparation and with adequate nursing and medical support, and from the doctors and nurses who assist them. Many reports are interesting and hopeful but two examples will suffice:

After a year of referrals of patients to classes, one of our busiest obstetricians states, "There can be no question of the value of relaxation and preparation of the mother. She is more comfortable during pregnancy, and labor and delivery are easier for the doctor, the nurse and especially for the mother."

And one mother, a registered nurse, after her second delivery—her first delivery was by Cesarean—wrote, "I was so surprised that I could do it. When they told me I was 5 cm dilated I was comfortable, even at 7 cm when they gave me Demerol I said I didn't need it but I know it helped a little later at the transition stage. All the way through I was able to relax or pant or push just the way the doctor told me to. I think it was a wonderful experience."

LEONA RUBBELKE
Consultant Nurse,
Bureau of Maternal and Child Health

TABOOS STILL EXIST, JAPANESE CHILDBIRTH TRADITION SURVEY SHOWS

This is the final article on the traditions and cultural practices of childbearing in Hawaii's various racial groups. Made by Department of Health nurses, the survey as reported here is necessarily condensed and confined to present-day practices.

Part IV—Japanese Traditions and Customs

From the 40 present-generation Japanese women interviewed, about a half followed traditional beliefs on diet in pregnancy, and a third held some belief that a child could be marked in some way by a mother's actions during pregnancy. The majority of second generation women believed in delivery by a doctor and preferred hospital to home deliveries. Individual traditional taboos were held, in each specific example, by only a few women, but enough varying taboos were mentioned to indicate a considerable amount of carry-over from older-generation beliefs. The traditional respect for parents was a factor in continuing old beliefs and practices.

About half of the group said they discussed pregnancy freely with family, friends and younger children. A few considered such discussions taboo because of shameful feelings.

Four children are considered ideal among the younger group. While the elder generation reported knowledge of attempted self-abortion, the younger women mentioned only use of contraceptives and the rhythm method to limit a family.

A few of the young group recommended visit-

ing the doctor, adoption, and easy-going, carefree life to encourage pregnancy. A carry-over from the older group is the feeling that having a multiple birth is shameful because it is "like animals." The majority had no comment or stated "don't know" on the determination of the sex of a child. A few said that husbands were "to blame" and a few held wives responsible.

Belief that a baby's sex may be predicted by ceremonies or signs was held by many of the younger women. Some believed the following older-generation beliefs: that a pointed abdomen meant a boy and a round abdomen a girl; a clear face on the part of the pregnant woman means a girl and an unsightly mask, a boy; a dark, large areola of breast means a boy; if small, a girl; and if the mother lies on the right side during intercourse she will have a girl. One formula given was to add the age of mother and father and divide by two. An even amount indicated a girl, and uneven number a boy.

Three beliefs were new ones with the present generation. These were: place a wedding ring on a string above the pregnant mother's navel and if it swings clockwise the baby will be a boy. If the whirl on the head of the previous child is in the center the next baby will be the same sex. If it is off-center the new baby will be the opposite sex. If a mother craves food like mochi she will have a boy; if she bakes a cake she will have a girl.

A few women believed evil spirits could harm the coming child. Three said they prayed at temples or wore a protector to dispel spirits. One third of the younger group believed that red birth marks were caused because the pregnant mother looked at a fire. About a sixth connected black marks with attending a funeral. The younger generation specifically mentioned four beliefs not mentioned by the older group: that cleft lip is due to using a broken dish, that red birthmarks occur if pregnant during the mountain apple season, the blue markings are caused by excessive intercourse and that an abnormal number of fingers or toes is caused from eating octopus.

From the younger group, 11 believed in binding during pregnancy for comfort, to prevent loss of shape and to control the size of the baby. One urban mother mentioned binding the abdomen with a cloth obtained from a priest.

Diet during pregnancy was subject to much comment. Majority opinion was for adequate and regular diet with specifications for food high in iron, vitamins and protein. Foods to be avoided were listed as high carbohydrates such as candy, pastry and fatty fried foods and such foods as octopus, spicy foods, and gas-forming ones. Burdock and eggplant were given as cause for miscarriage.

In personal hygiene, only a few avoided cold baths, shampoos or permanent waves late in pregnancy in "order to prevent fever and dizziness." While the elders said they gave no special care to the breasts, more than a fourth of the younger women reported breast massage and "pulling out the nipple" to prepare for nursing. None of the older group mentioned massage but a few of the younger women believed in it for general comfort. Five said that midwives could massage and manipulate the position of the baby in the womb.

Two younger urban women stated that during labor they drank water from "O Daisan" — a temple—for easy delivery. One woman believed that a baby born with a caul (part of the amniotic sac over the face) meant good luck. One woman said she had heard that a baby would be born with a caul if the pregnant mother made pillow case covers.

Following delivery, the majority of the present-day women said normal activities can be resumed in from one to two months. Nine women stated that "if it's a boy, do light housework after 30 days. If it's a girl, begin after 33 days."

Diet beliefs during convalescence showed much carryover of older beliefs. One half mentioned taking miso soup, lots of milk and nourishing foods such as tofu, red fish, kobu and eggs. Foods to avoid were watermelon, squash, eggplant and cucumber as a woman gets swollen. Three avoided aku, raw fish, crab, octopus and chili pepper.

The present generation varied in beliefs concerning disposal of the placenta and cord. A few mentioned that both were buried under the ground. A few kept the cord until the child reached maturity. One woman believed that the placenta must be washed and cleaned or the mother will get an infection.

Naming the child among the younger mothers showed in general no specific cultural practices. One woman said that the grandparents picked the name. Another said that the parents picked five names and then had the youngest child in the family make the final choice. This was done, she said, because children were "angels of God."

HIGHLIGHTS OF NATH BOARD MEETING

June 10, 1955—1:15 p.m. to 5:00 p.m.

Heard and discussed reports of six committees.

Motion: that NATH sign "special service" contract with Branch office of PC&PS (Chicago) to assist NATH in compiling biographies.

Motion: that the President appoint a committee to study and suggest a pay system for employees of NATH and report in time to circulate to the districts before the annual meeting. This committee to be composed of nurses (non-members of the Board) one from an agency using the Civil Service schedule, and one from a non-office agency; one businessman, one member of the Board for the Licensing of Nurses, and the NATH treasurer.

Motion: that Constitution and By-Laws Committee prepare an amendment to the by-laws raising the NATH dues by $3.00 per member. This to be done in order that the House of Delegates have a way of meeting the budget in case the budget cannot be decreased to fall within present income.

Motion: regarding letter from Mental Health Association that individual membership be encouraged and that investigation be made regarding Association membership in 1956.

ST. FRANCIS HOSPITAL SCHOOL OF NURSING RECEIVES NATIONAL ACCREDITATION

The faculty of the St. Francis Hospital School of Nursing was notified in July that its basic professional program had been granted full approval at the June 17 meeting of the Board of Review of the National Nursing Accrediting Service. Only about one out of every five of the more than 1,100 hospital and university schools of nursing in the United States have won this distinction.

At the June meeting of the Board of Review, the findings of the two officials from the National Nursing Accrediting Service who surveyed the School were reviewed. Miss Mildred Schwier, Director of the Department of Diploma and Associate Degree Programs and Miss Teresa Fallon, Director of the Nursing Advisory Services for Orthopedics and Poliomyelitis of the National League for Nursing spent the week of March 21 visiting the School and evaluating its program.

The School of Nursing has also been approved by the Catholic University of America. It has been accredited by the Board for the Licensing of Nurses, Territory of Hawaii since 1930.

With the exception of the Sister instructors, the majority of the faculty are island-born. The school is operated by the Sisters of the Third Order of St. Francis of Syracuse, New York.

LEGAL ASPECTS

"Legal Aspects of Nursing" was an important topic at the Annual Meeting. One of the aspects was the need for nurses to carry liability insurance. Any nurse can be charged with negligence by a patient. You need insurance protection against such claims because:

An administrator or supervisory nurse can be just as liable as a nurse.

Unless you are specifically named in your employer's liability insurance policy, you are not protected.

As a member of ANA you are eligible for an individual policy under ANA's master policy. For a fraction over two cents a day, you can get minimum coverage which protects you up to $5,000 for any one claim and up to $15,000 for each annual period under each policy and/or certificate.

The program is underwritten by the St. Paul Mercury Indemnity Company. For further information write to American Nurses' Association, 2 Park Avenue, New York 16, New York.

Also see your *American Journal of Nursing:*

November 1954—"When is the Nurse Held Liable" by Grace C. Barbee

April 1955—"Nursing Practice and the Law" by Bernice E. Anderson

CHAMBER OF COMMERCE OF HONOLULU SCHOLARSHIP FOR PUBLIC HEALTH NURSES

The Chamber of Commerce of Honolulu through its public health committee offers scholarships which are available to graduate nurses for preparation in public health nursing, or to public health nurses for advanced or special preparation. Applicants must be residents of the Territory and must work in the Territory at least two years following receipt of the scholarship. Applications are available at NATH office, or Chamber of Commerce of Honolulu, Dillingham Transportation Building.

NEWS AND BITS—PHN SECTION

The "Activities Guide for Public Health Nurses Section" has been issued for use by Public Health Nursing Sections to assist them to plan their programs more effectively. The Guide was compiled by the Special Committee on Program Activities of the Public Health Nurses Section of the ANA, and its many subcommittees, one of which included PHN's from Hawaii.

The Guide discusses basic principles and procedures of effective program planning, tools for evaluation of programs and budgeting. It also discusses utilization of community resources for programs.

Each State Public Health Nurses Section Chairman throughout the nation has received a copy. Copies are available for $1.00 each for individual copies and 10% discount for an order of six or more. One copy is avail-

able for loan from the NATH office. The Public Health Nurses at the ANA Regional Workshop in Los Angeles recommended that *all* sections utilize this guide.

HAWAII MEDICAL SERVICE ASSOCIATION

The new Community Group Medical Plan of the Hawaii Medical Service Association is not available through membership in the Nurses Association since payroll deduction and company contribution towards the cost of the premiums are two of the requirements.

PROPOSED TUBERCULIN TESTING PILOT STUDY

A reservoir of tuberculosis exists in the community, undetectable by the methods of casefinding now in general use. To find that reservoir of tuberculosis, a pilot study using the tuberculin test has been proposed. Such studies have been done on the mainland, but not on the large scale that we propose.

Between Miller and Middle Streets in Honolulu there are some 1,250 children who according to samplings from the area, have been infected with tubercle bacilli. In the usual course of events, some 500 of these will turn up as adults with acute clinical disease, often requiring hospital treatment.

In this area some 24,000 children attend 26 different schools. The plan calls for a tuberculin test to be given each year to each child for at least five years.

The Association has earmarked $140,000 to finance this program. A six-member team will be employed to do the job. On the team will be one Community Organizer for Casefinding, two Public Health Nurses, one Junior Statistical Analyst, one Nurses' Aide and one Filing Clerk.

Actively involved in this planning are the Division of Special Services and the Honolulu District Office of the Department of Public Instruction, the Tuberculosis Bureau and the Maternal and Child Health Bureau of the Department of Health and the Oahu Tuberculosis and Health Association. The Honolulu County Medical Society approved the project.

"Skin Testing" provides a first line of defense to children and their families. We are approaching the hard core of undiscovered TB in Oahu—the mop-up stage. More effort and more money will be needed to finish this job of eradicating tuberculosis.

The tuberculin test is a "master key" in the program leading to eradication of TB.

INSTITUTE ON EXCEPTIONAL CHILDREN

The Institute on Exceptional Children held at the Central Maui Memorial Hospital was attended by public health nurses, teachers, social workers and other professional and interested people. This institute was sponsored by the Maui Easter Seal Society, of which W. James Tozer is the president.

Entitled "A New Look at the Exceptional Child with Realistic Goals and Limitations," the Institute thoroughly explored the new idea of treating a handicapped child as a whole child. A team approach was utilized with the nurse, social medical worker, psychologist, teacher, and the physiotherapist.

From Honolulu were: Mrs. Mapuana McComas, executive director of the Hawaii Chapter; Dr. Charlotte Florine, member of the medical advisory board of the Oahu Society for Crippled Children and Adults; Mrs. Elizabeth Uchiyama, teacher in charge at the Sultan School for Handicapped Children; Dr. Sidney L. Halperin, Bureau of Mental Hygiene; Miss Theresa Fallon, orthopedic nursing consultant of the National League for Nursing; Mrs. Elsa McKrell, physiotherapist of Sultan School.

The Maui participants were: Mrs. Laura Wong, Department of Health; Miss Harriet Suzuki, Department of Public Instruction; Mr. Henry Kono, Bureau of Sight Conservation and Work with the Blind; Mr. Kenneth Watanabe, psychiatric social worker with Maui Department of Health; Mrs. Okuni Tanner, public health nurse; Miss Lieselotte Meyer, Maui Crippled Children's Society; Mr. G. Fred Bush, Jr., an active member of the board of directors of the Maui Society.

INSTITUTE ON GERIATRICS

"Growing old is no more than a bad habit which a busy man has no time to form."—ANDRÉ MAUROIS

Recently an Institute on Geriatrics was sponsored by the Business and Professional Women's Club in cooperation with the Department of Health and the Hawaii Cancer Society. The purpose of the Institute was to plan to meet the needs, utilize the abilities and develop potentialities of the aging population of Maui. The consensus was that an immediate survey should be made to determine health problems of the aging, available housing facilities, and what older people want to do.

Dr. Walter Quisenberry, Executive Director of the Hawaii Cancer Society, discussed the physical, mental and emotional aspects. The Maui leaders covered the medical and social services, old age and survivor's insurance, aid to the aged, housing, spiritual resources, adult education and recreational resources.

Mrs. Gloria W. Foster, public health nurse and Health and Safety Committee Chairman of the Business and Professional Women's Club, was the chairman. On the planning committee were: Mrs. Margaret Alexander, Assistant Supervisor, Public Health Nursing; Mrs. Okuni Tanner, public health nurse; and Mrs. Gloria Foster.

This was the first program of this kind to be held on Maui, and was attended by eighty-five persons.

NEW BUILDING

Dear Sister Mary Albert:

In our joy over the appropriation of money for a new school, we are deeply conscious of our indebtedness to the organizations that did so much to secure this legislation.

On behalf of the graduates, students, and staff of the Practical Nursing School I want to thank your organization for giving our need an important place on your legislative program, and for doing so much to bring it to the attention of the legislators.

Gratefully yours,

MARJORIE ELLIOTT

"WAIVER" IN SOCIAL SECURITY

A "waiver of premium clause" is found in many life insurance policies which is for the protection of a policy holder during an extended period of disability.

The Social Security Act now contains a similar provision which prevents such periods of disability from reducing or wiping out retirement or survivors' benefits.

A disabled worker may have his social security record "frozen" for the period of his disability so that his benefits will be based on his earnings up to that time. This can be done *only if the worker applies to have his period of disability established.*

To qualify for the "freeze," the person must have worked five years out of the last ten before his disability occurred, including one and one-half years of the last three. The disability must be medically determined and must have lasted six months before it can be established. It must be expected to continue for an indefinite period and must be serious enough to prevent the person from substantial gainful activity.

* * *

The NATH office receives Nurses' Association Bulletins from numerous states. If you are interested in any particular ones let us know or come in and see them.

* * *

ABSTRACT OF LETTER FROM MARY LEW, YAP, CAROLINE ISLANDS

(Formerly employed at Queen's Hospital)

"Because of the unusual experiences I have had in the South Pacific, the Pan-Pacific Women's Association asked me to be on the program in Manila this winter. I have enclosed a summary of the trip to South East Asia that I made with a group of our Hawaiian friends.

"I visited the Siriraj-Rockefeller Hospital in Bangkok. It has 400 beds, is very modern in every way. The administrative personnel were educated in America. I also saw public health centers in the Philippine Islands. Their infant welfare and mother's clinics are very well set up."

South East Asia in 1955 — By Mary Lew

In January 1955, a fantastic trip of a lifetime started into countries of South East Asia. In retrospect it has seemed like an Arabian nights tale, a trip taken on a magic carpet of modern times of Pan American clippers. The journey went into worlds that are governed by Sultans, enlightened Oriental monarchs; colonies of Great Britain; or where the U.S.A. has still the power of occupation in the post-war program as watch dog over certain Pacific areas.

The program started in Manila, Philippine Islands, at the Pan-Pacific Women's Conference. The Pan-Pacific Women's Association is a non-religious, non-political group of women consisting of membership from all countries bordering on the Pacific basin. The purpose is to promote friendship and understanding through fellowship in promoting peace; to improve social, educational, and economic status of women of all lands. A general conference takes place every three years in a different land. This meeting is the seventh conference. About 200 delegates from 21 countries met for two weeks at the University of Philippines campus. These women represented many professions of high social and economic status in their own lands. Even the kingdom of Tonga had delegates. Borneo, New Guinea, Indonesia and Tasmania were among the island communities of the South Pacific. A Maori representative from New Zealand was a striking representative. She was stately, tall, and of great beauty. She made a regal and dramatic appearance when she wore a feather headband and brown feather cape.

My humble contribution to this conference was as a delegate from the Yap District of Trust Territory of Pacific Islands to present the message of the Public Health challenge of Micronesia.

There were formal meetings every day from 9 a.m. to 4 p.m. of speeches and discussions. Several social events stand out which were of importance. The President of the Philippine Republic gave a tea at the Malacanang Palace in honor of the delegates. Several civic organizations entertained us with either dinner or tea parties.

The people of the Philippines are very progressive and show influence of the U. S. government that helped them for 50 years. The college girls are wearing smart apparel. New building and construction programs are everywhere. The women enjoy high social status, and there are many professional women in the medical, legal, pharmacal and engineering fields.

The most remarkable piece of primitive engineering that is still useful is a bamboo bridge that squeaks and sways as people walk across but does not give way.

After the close of the Pan-Pacific Conference, I joined a group of women from Hawaii for a conducted post-conference tour of South East Asia.

Singapore, a cosmopolitan city that sits at the crossroads of world trade, is fabulous. This is a clean city that is governed by England. The Hotel Raffles where we stayed was cool, spacious, and efficient. Our dinner service was a formal seven course affair served in the British manner. Sightseeing included museums, a Mohammedan mosque and a rubber plantation.

Bangkok is the fabled land of Anna and the King of Siam. The many fabulously decorated temples are the tourists' paradise; each one is of such splendor that they do not seem possible. An evening spent at the classical Dance Drama brought to life the dreams of what the Siamese dancing girls are like.

The real personal touch of Siam to me was being the guest of old professional friends, the Director of the Medical School and Rockefeller Hospital. The doctor and his wife graciously entertained my group with a real Siamese dinner at their home.

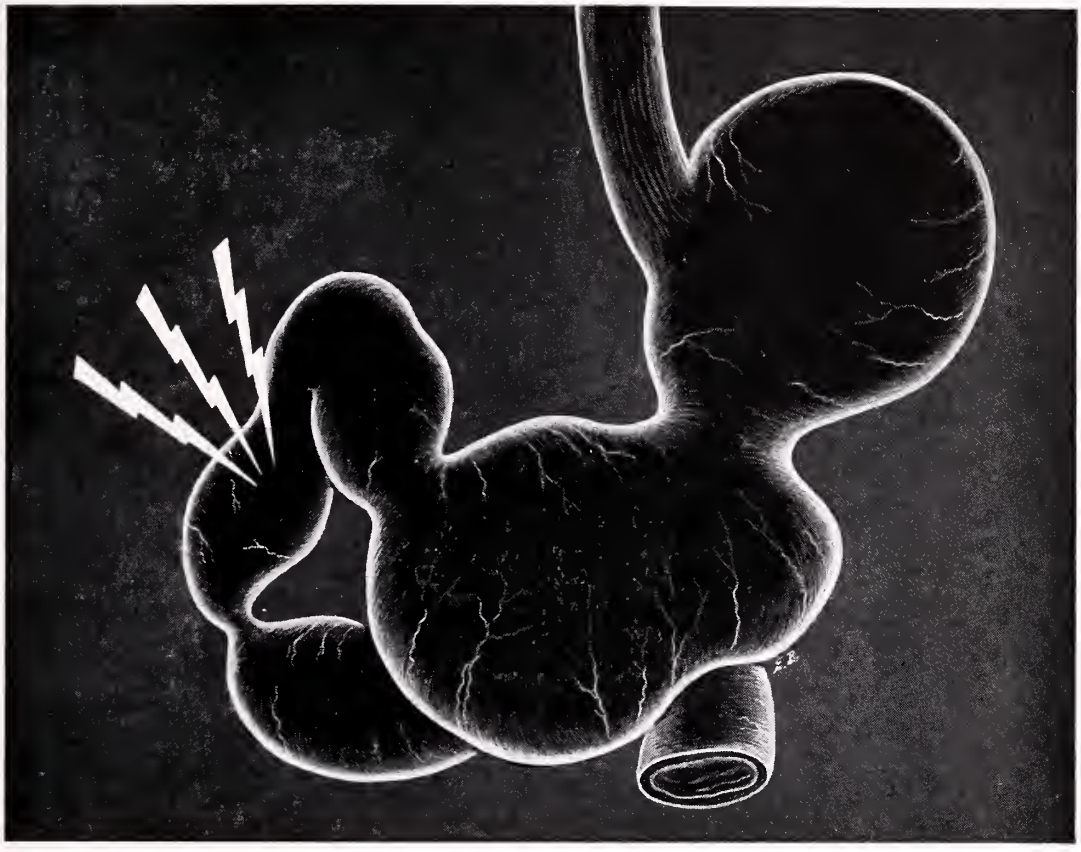
Hong Kong is a mountainous city of China, the only city in China that is open to the tourists today. The shipping of the world is anchored at its doors. The sparkle of lights on the harbor at night is beautiful. The outstanding event of this visit was a reunion with friends I had not seen for 20 years and to see them all doing well. Hong Kong is cold now; we needed warm clothing.

Tokyo is a very modern city with every convenience. I learned that it is the third largest city in the world. Train terminals, a subway, and hotels there are very efficient. There are many mountain resorts, shrines, and parks for the tourists. We were shown a suite of rooms in one hotel that had been used by the Japanese royal family. The trips to the country show how well the farmer makes use of every part of the land. Tea farms look like hedges of privet growing on hills. It is cold now in Japan but the cherry blossom season will begin in a few weeks. Then they will be very busy with tourists.

From Japan I returned to Guam, thence to Yap. This was a trip of over 10.000 miles covered in six weeks. It was good to go with friends and in the spirit of the Pan-Pacific Conference our friendships were strengthened.

Just as we were leaving South East Asia where so much history is being made today, the S.E.A.T.O. Conference was getting under way in Bangkok.

PRO-BANTHINE FOR ANTICHOLINERGIC ACTION



Abnormal Motility as the Cause of Ulcer Pain

Until recently the general opinion was held that ulcer pain was primarily caused by the presence of hydrochloric acid on the surface of the ulcer.

Present investigations[1,2] on the relationship of acidity and muscular activity to ulcer pain have led to the following concept of its etiologic factor:

"... abnormal motility[2] is the fundamental mechanism through which ulcer pain is produced. For the production and perception of ulcer pain there must be, one, a stimulus, HCl or others less well understood; two, an intact motor nerve supply to the stomach and duodenum; three, altered gastro-duodenal motility; and four, an intact sensory pathway to the cerebral cortex."

Pro-Banthine® has been demonstrated consistently to reduce hypermotility of the stomach and intestinal tract and in most instances also to reduce gastric acidity. Dramatic remissions[1] in peptic ulcer have followed Pro-Banthine therapy. These remissions (or possible cures) were established not only on the basis of the disappearance of pain and increased subjective well-being but also on roentgenologic evidence.

Pro-Banthine Bromide (Beta-diisopropylaminoethyl xanthene-9-carboxylate methobromide, brand of propantheline bromide) has other fields of usefulness, particularly in those in which vagotonia or parasympathotonia is present. These conditions include hypermotility of the large and small bowel, certain forms of pylorospasm, pancreatitis and ureteral and bladder spasm.

1. Schwartz, I. R.; Lehman, E.; Ostrove, R., and Seibel, J. M.: A Clinical Evaluation of a New Anticholinergic Drug, Pro-Banthine, Gastroenterology *25*:416 (Nov.) 1953.

2. Ruffin, J. M.; Baylin, G. J.; Legerton, C. W., Jr., and Texter, E. C., Jr.: Mechanism of Pain in Peptic Ulcer, Gastroenterology *23*:252 (Feb.) 1953.

SEARLE

ABSTRACT OF LETTER FROM ROSE HEE

(At present with W.H.O. in Iran)

"I don't know how much you know about Iran but I certainly knew nothing prior to coming here. If you have a map you can spot Tehran which is the capital city of Iran where our headquarters office is located and where I spent my first two weeks of orientation. After 2 weeks in the big city, I moved myself and belongings over to Tabriz which is located in the northwest part of Iran and is the second largest city in Iran. Tabriz is the coolest area in Iran and for this Hawaiian maid it's quite an adjustment. Tabriz is about 18 hours of rough driving from Tehran, and I mean rough. The roads are terrible and oftentimes impassable during bad weather. I sure hope the plane service will be resumed from Tabriz to Tehran for it's only a two-hour ride although they say the flights are oftentimes dangerous. In fact they tell me the planes have to keep their engines running the whole three hours they are in Tabriz to keep from freezing. Gee, but it's cold. Tabriz is also a very interesting city. This area is next to the Russian zone and was once under Russian control and supposedly infiltrated with communists. In a way it's the hot spot in Iran.

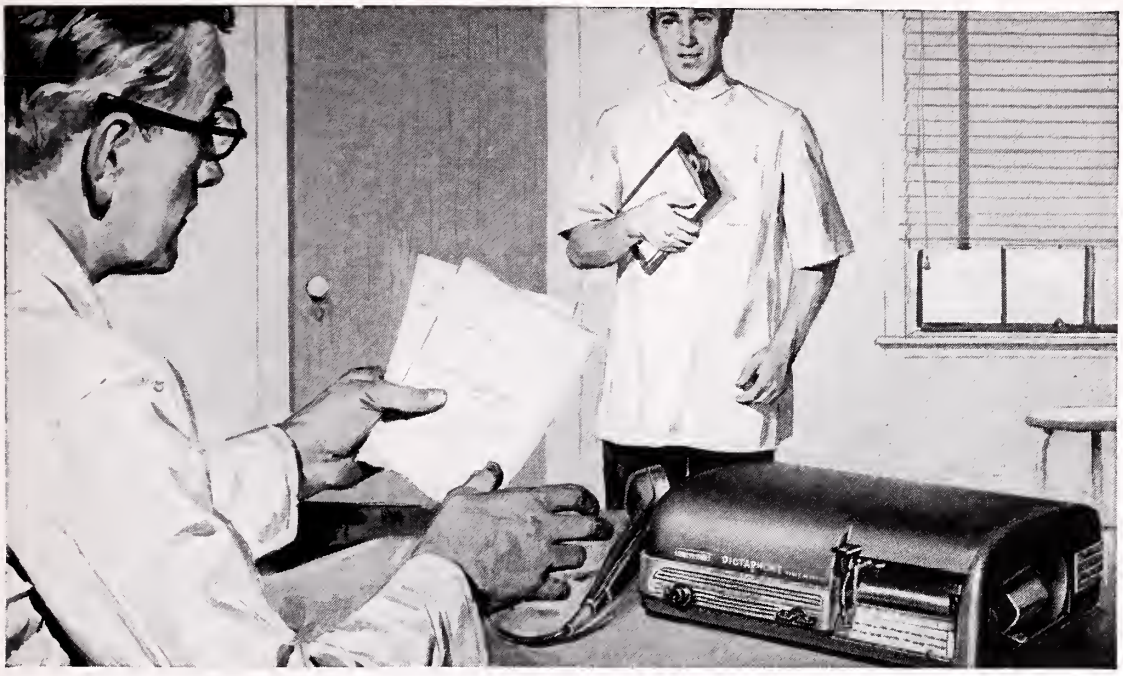
"Can't seem to remember if I had mentioned our work hours but our summer schedule effective this morning is 7-1:40 P.M. six days per week. This working straight through is sure hard, for by the time work is over I'm hungry enough to eat a horse, and after a big lunch I'm too sleepy to work so drowse along getting nothing done and before I know it's time for supper and bed. Lunch is usually around 2:30 and supper anytime from 7-9 P.M. Yep—I can't say I enjoy this fashionable hour of dining.

"Work is interesting and I am one of 8 American nurses assigned to Iran. My district covers all of Azerbajan Area which includes two health centers in addition to two subhealth centers where my 11 nurses and 10 practical nurses work out from. My office is located in headquarters where I'm with the other department chiefs which make it very convenient in many ways. I have a nurse and a secretary with me in the main office and we hope by next year to have a trained public health nurse to work as my counterpart.

"Of our 11 girls hired as nurses, we have 5 registered nurses trained by the American Mission Hospital here, and 6 girls with Midwifery certificates trained by Tehran University. It's quite a rivalry between midwives and nurses. The midwives feel they know it all and the nurses feel they can do midwifery. Anyway, we presently have limited our available U. S. scholarships to sending nurses away to Beirut University for public health nursing training and if we have additional scholarships may use it to either send midwives or practical nurses for nursing training. Iran is getting along but certainly will take several years before they will have a trained staff to train their own people.

"I believe this nursing program was started 3 years ago and has really done well for on-the-spot training of personnel and in addition to building a program. They have a pretty neat program that can really be developed. First to be developed is to send as many away for public health training as possible and to gradually have enough nurses to take over staff positions so midwives without nurse's training need not be hired to do public health nursing (general). Second is to develop our procedure and policy manuals. Third on the list is to look into our record system. Fourth is to develop their home visiting technique. Really lots to do.

"We have a treatment program which we hope to gradually eliminate. In Tabriz we have 7,000 villages out of the 40,000 villages in Iran. So you can see what a small dent we've made. Water is a problem in Iran in addition to sewage. It's really interesting and I have been most fortunate to get this area for we have a very nice program started and my work takes me to a number of areas. I get to go to Miandoab and Rezaieh in addition to Tehran at least one week out of each month to break the monotony of things—should such happen."



"Just a moment while I write up some case histories"

"Ever see how one of these Dictaphone TIME-MASTERs works?

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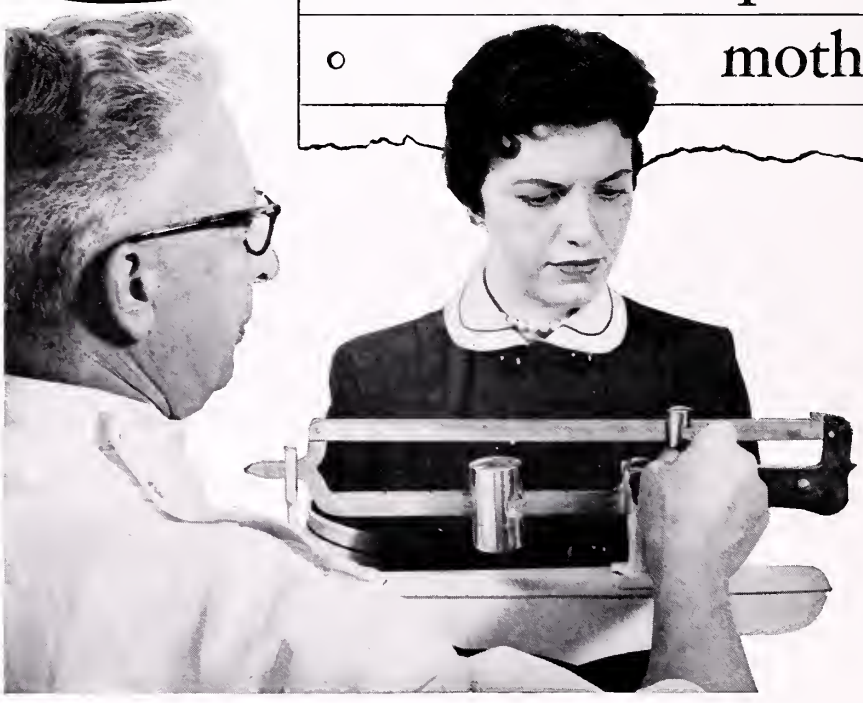
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PSYCHIATRIC FACTORS

(*Continued from page 38*)

Outbreaks of disordered behavior, such as delinquency or belligerence, were usually attended by partial recovery in growth, but never complete recovery. Complete recovery in growth occurred when treatment was successful. It did not occur if there was failure to improve psychiatrically. A number of delinquent children in whom there was marked clinical and growth improvement remained in disturbed homes and later broke down into further delinquencies. This recidivism was preceded for several months by recurrence of the growth failure, and hence was predicted.

These children were usually below their own norms in both height and weight. In a few cases, height and weight were unequally impaired, producing a change in habitus, usually towards the asthenic, in two cases towards the pyknic. Almost all children showed some degree of pallor. This could not be accounted for by anemia and was considered to be vasomotor in origin.

Improvement usually took the following sequence: return of normal color and increased turgor in the skin, followed by marked spontaneous increase in both caloric intake and output, and finally acceleration in growth until the child's own norms had been attained. Psychiatric improvement, while uneven, paralleled the above sequence. Termination of treatment for psychiatric reasons usually followed a short time after growth recovery was complete.

If these findings are confirmed, it appears likely that the Wetzel Grid may be a useful case-finding instrument for both organic and some psychiatric disorders while they are incipient. The Grid may also prove useful as a check upon the adequacy of both medical and psychiatric diagnosis and treatment.

E. W. HAERTIG, M.D.
Director, Division of Mental Health
Department of Health

LIBRARY

(*Continued from page 39*)

von Oettingen, W. F. *The halogenated aliphatic olefinic, cyclic, aromatic and aliphatic-aromatic hydrocarbons . . . their toxicity and potential dangers.* 1955. (gift of U. S. P. H. S.)

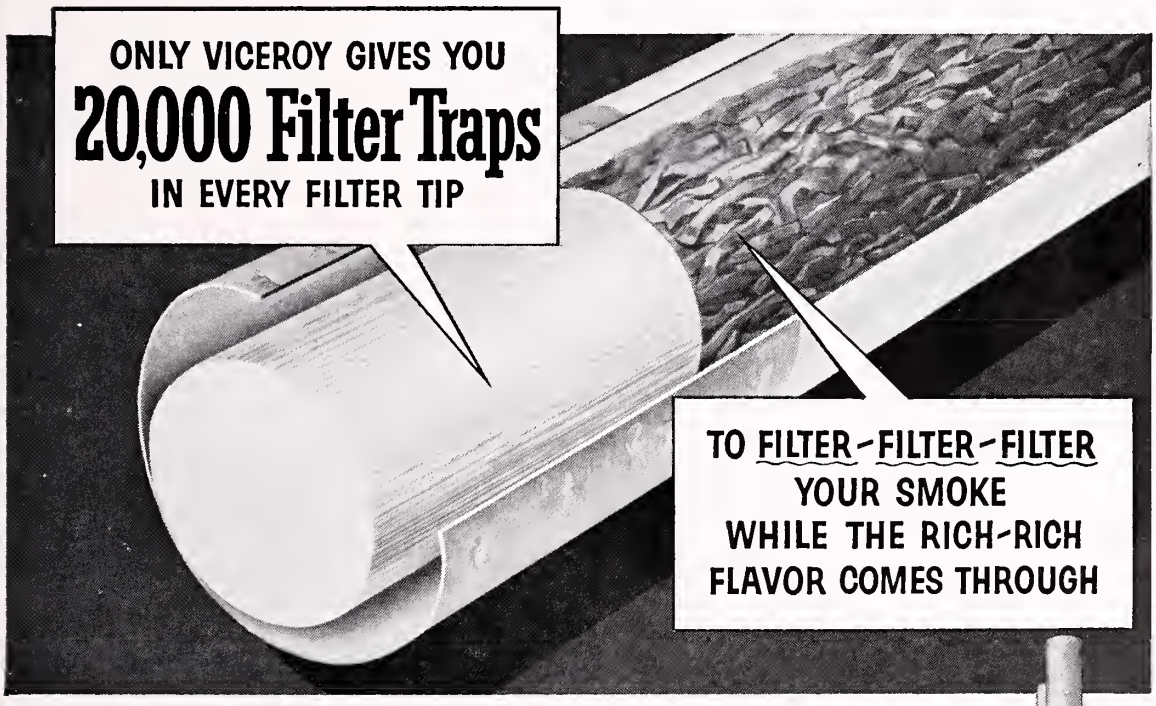
Wilder, Lucy. *The Mayo Clinic.* c1955. (gift of publisher)

Dr. Richard E. Ando is co-author on *Studies in Mediterranean (Cooley's) Anemia,* appearing in the June and July issues of *BLOOD.* These studies were done last year at the Cornell Medical Center of the New York Hospital, where Dr. Ando was a Fellow in pediatric hematology.



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BOOK REVIEWS

(*Continued from page 41*)

Differential Diagnosis.

By A. McGehee Harvey, M.D., and James Bordley III, M.D., 665 pp., Price $11.00, W. B. Saunders Company, 1955.

Essentially this book is a collection of CPC's which were carefully chosen and arranged to illustrate several facets of certain important signs and symptoms, no attempt being made to be all inclusive. The expert discussants all employ systematic analysis. The authors feel that "only by repeating over and over again the actual analytic process" . . . "proceeding along the lines of some well tested plan" can one master this mental discipline rather than resorting to shrewd guesses. There are 79 CPC's discussed plus 11 "unknowns" for practice. It is not light reading. With intense concentration it took me at least 15 minutes and usually more to digest an already worked up CPC.

The limitations of CPC's are admitted. The reasoning of the bedside clinicians as the case progressed is not always apparent. The differential diagnoses are usually discussed in order of appearance in tables (which are quite good) rather than in order of likelihood, that is, conditions most likely to be confused.

The book is recommended for anyone willing to undergo rigorous mental exercise, e.g., those studying for Board examinations. The average doctor will find it somewhat strenuous.

SHIGERU RICHARD HORIO, M.D.

Bickham-Callander's Surgery of the Alimentary Tract—Volumes I, II, III.

By Richard T. Shackelford, M.D., pp. 1-2575, illustrated, Price $60.00, W. B. Saunders Company, 1955.

This three volume set represents a modern revision of the Bickham treatise on operative surgery. Much of the material prepared by the late Dr. Latimer Callander was finally completed by Dr. Shackleford and associates and published this year.

I am most impressed with the completeness of this work from the standpoint of modern generally acceptable procedures in surgery of the alimentary tract, and its format is not limited to the technique of surgical operations. The material on symptomatology, diagnosis and prognosis I consider to be very good. In addition I am pleased to find it well illustrated with *modern* diagrams. It is obvious that extreme care has been exercised in the selection of these illustrations, and fortunately old prints of antiquated procedures have been omitted.

Although many of the subjects in these volumes are in a state of persistent flux I would say without question it is the finest treatise on surgery of the alimentary tract to this date.

V. C. WAITE, M.D.

Management of Disorders of the Autonomic Nervous System.

By Louis T. Palumbo, M.D., 186 pp., Price $5.00, Year Book Publishers, 1955.

This small volume is a recent addition to a growing series of general practice manuals. The author has followed established trends of thought for the most part, although he tends to interpolate many personal views based on his wide surgical experience, but seemingly colored by an unusually enthusiastic feeling for his special interest in autonomic nerve surgery. The opening chapters on the anatomy, physiology, and pharmacology of the sympathetic and parasympathetic systems are concise and informative and appear quite adequate to the average practitioner's needs, although inadequate to the requirements of the surgeon in the autonomic field. The clinical chapters are divided according to anatomic systems, with most space logically devoted to the extremities and the gastrointestinal tract. The medical and surgical aspects of hypertension management are broadly treated and reflect a sound experience in this changing field.

Despite a tendency toward repetition and occasional statements which need support or clarification, the material presented in this short treatise is remarkably sound and informative. The greatest usefulness of this book will be in affording a light, readable, and well organized resumé of the present-day status of autonomic surgery. For specific medical and surgical indications or contraindications in the individual case, the reader would do well to avail himself of the extensive bibliography. Specific techniques such as the various sympathetic blocks are not described and might be profitably included in subsequent editions.

EDW. W. BOONE, M.D.

(*Continued on page 74*)

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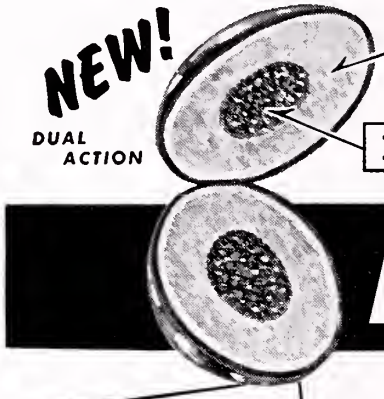
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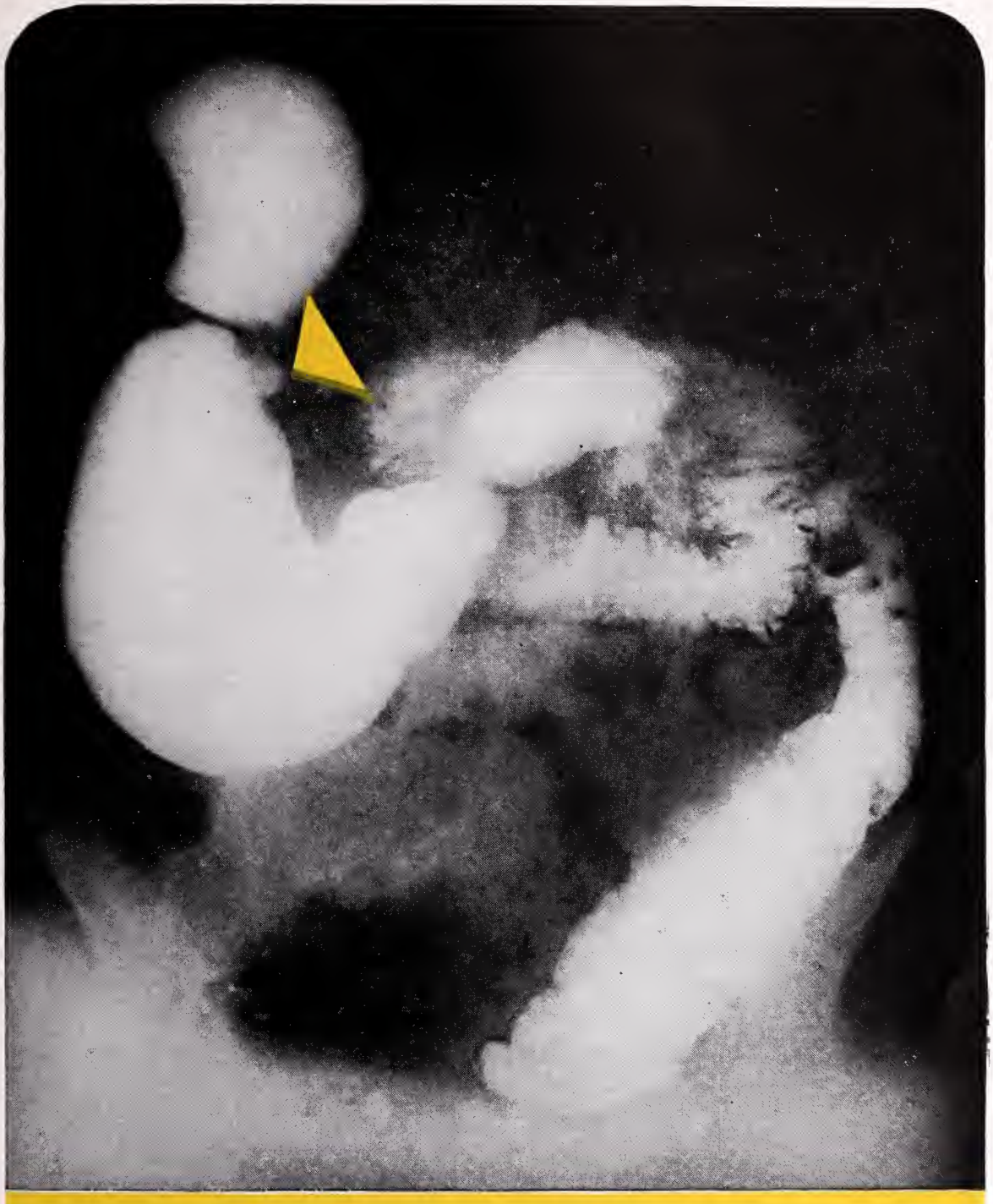
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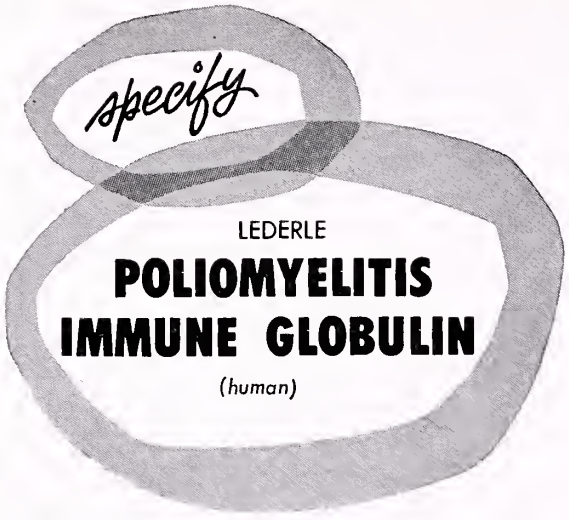
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BOOK REVIEWS

(*Continued from page 70*)

Laboratory Identification of Pathogenic Fungi Simplified.

By Elizabeth L. Hazen, Ph.D., and Frank Curtis Reed, 108 pp., illustrated, Price $5.50, Charles C. Thomas, 1955.

This book is essentially an atlas of the pathogenic fungi associated with both the superficial and deep seated mycoses, with a minimum of narrative descriptive material.

The photographs are excellent and show the typical morphological characteristics of the various species. Deviations from typical cultural and morphological characteristics, with which the laboratory technician is so frequently confronted, are practically not presented.

The authors include a list of culture media and their components that are especially useful for bringing out the differential characteristics of the various species. This feature should be particularly helpful to the laboratory worker. MAX LEVINE, M.D.

Saddle Block Anesthesia.

By Ray T. Parmley, M.D., 59 pp., illustrated, Price $2.50, Charles C. Thomas, 1955.

This monograph is edited by Dr. John Adriani, who gets off to a left-footed start by stating that there is no middle ground in the use of spinal anesthesia for obstetrics, and that those who use it are ardent advocates and those who don't are violent in their vehemence.

In my youthful opinion the obstetrician who doesn't have this procedure in his armamentarium, in addition to other forms of anesthesia, is not practicing the *art* of obstetrics—at least not enjoying it.

The pharmacology and mechanics of the procedure are well described. Discussion as to choice of patient, timing, and factors of labor which influence the selection of saddle block anesthesia are rather brief. He does not make enough point of scrupulous and sterile technique on the part of the hospital as well as the anesthetist.

In treating post spinal hypotension he neglects to mention the simple but effective measure of elevating the legs at right angles to the body.

The short monograph takes only a half hour or so to read and is certainly more than worth the effort for anyone practicing obstetrics or doing obstetrical anesthesia. FUGATE CARTY, M.D.

Intestinal Obstruction.

By Owen H. Wangensteen, M.D., Third Edition, 838 pp., illustrated, Price $15.50, Charles C. Thomas, 1955.

This new edition of Dr. Wangensteen's book includes knowledge, experiences and technical innovations acquired during the past several years with reference to the important subject of intestinal obstructions. All of this has added to or modified the format of his first book on the subject, published in 1937.

I am impressed with its clarity and completeness, and particularly by its inclusion of new and improved methods of dealing with this disease, based on the author's vast experience and accumulated data from the large University of Minnesota surgical clinics. The chapters on *Fluids and Electrolytes, New Techniques of Intubation* and *The Effects of Distention,* I believe, are outstanding. Like its predecessor, this edition is well illustrated. V. C. WAITE, M.D.

(*Continued on page 76*)

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BOOK REVIEWS

(*Continued from page 74*)

Ciba Foundation Symposium on Hypertension.

Edited by G. E. W. Wolstenholme, M.A., and Margaret P. Cameron, M.A., 294 pp., Price $6.75, Little, Brown and Company, 1954.

This is a series of papers and discussions concerning the nature of hypertension. The experimental material on the humoral and neural phases emphasizes the complex mechanism of this condition. The use of the ganglionic blocking drugs offers a partial solution to the management of the neurogenic factors involved.

This book should be read by all interested in the therapeutic approach to clinical hypertension. The many articles and their discussion make no attempt to solve the problem but do bring together a wealth of information in a very readable form.

The volume contains a rich bibliography of experimental data.

HENRY C. GOTSHALK, M.D.

Physicians' Office Attendants Manual.

By Henry B. Gotten, M.D., and Douglas H. Sprunt, M.D., 93 pp., Price $3.75, Charles C. Thomas, 1955.

This small manual was originally written to be used in an 11 week course for high school graduates in training them to be doctors' assistants. It is unusually compact and complete, covering all phases of office and laboratory work. It should be especially helpful for the doctor about to employ an untrained girl.

SHIGERU RICHARD HORIO, M.D.

Also Received

Fourth Annual Report on Stress—1954.

By Hans Selye, M.D., and Gunnar Heuser, M.D., 749 pp., Acta, Inc., 1954.

Nearly 300 pages of text and a few thousand additional references to the literature, plus a detailed index to bring you up to date on stress. Special articles on hypertension, surgical convalescence and other subjects are included.

The Medical Significance of Anxiety.

By Richard L. Jenkins, M.D., 46 pp., Price $1.00, The Biological Sciences Foundation, Ltd., 1955.

Three instructive essays on anxiety by the chief of Psychiatric Research of the Veterans Administration.

Cerebral Vascular Diseases.

Edited by Irving S. Wright, M.D., and E. Hugh Luckey, M.D., 167 pp., Price $5.50, Grune & Stratton, Inc., 1955.

Transactions of a conference of 34 persons, including Edgar Allen, David Barr, Hugh Luckey, Howard Rusk and others. Readable and informative.

Neurochemistry.

Edited by K. A. C. Elliott, Irvine H. Page and J. H. Quastel, 900 pp., Price $19.50, Charles C. Thomas, 1955.

Valuable reference work on a rather abstruse subject.

(*Continued on page 80*)

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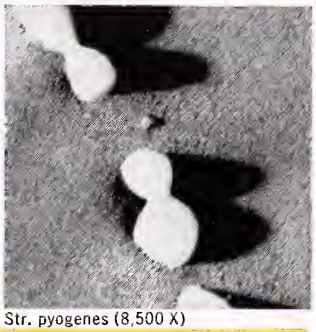
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(1) Poyne, R. W.; Shetlor, M. R.; Forr, C. H.; Hellboum, A. A., ond Ishmoel, W. K.: J. Lab. & Clin. Med. *45*:331, 1955. (2) Bunim, J. J.; Willioms, R. R., ond Black, R. L.: J. Chron. Dis. *1*:168, 1955. (3) Holbrook, W. P.: M. Clin. North Americo *39*:405, 1955.

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BOOK REVIEWS

(*Continued from page 76*)

Angiographic Localization of Intracranial Masses.

By Arthur Ecker, M.D., and Paul A. Riemenschneider, M.D., 433 pp., ilustrated, Price $13.50, Charles C. Thomas, 1955.

This is a reference atlas with 413 beautiful illustrations and diagrams of angiograms. Indispensable to neurosurgeons.

Surgical Forum—Volume V.

Proceedings of the 40th Clinical Congress of the American College of Surgeons, 851 pp., illustrated, Price $10.00, W. B. Saunders Company, 1955.

Proceedings of the forum sessions of the 40th Clinical Congress of the American College of Surgeons held in Atlantic City, November 1954. It is attractively printed on good paper.

The Medical Clinics of North America.

May 1955—Basic Sciences in Medical Practice, pp. 621-921, figs. 124-139, W. B. Saunders Company, 1955.

A Symposium on basic sciences in medical practice by 22 New York physicians.

The Surgical Clinics of North America.

June 1955—Surgery of the Digestive Tract, pp. 617-907, figs. 152-253, W. B. Saunders Company, 1955.

The Lahey Clinic presents a symposium on digestive tract surgery, a field in which they are justly famous. James W. Cherry is one of the co-authors. There are also 5 miscellaneous essays.

Atlas of Distribution of Spirochetal Diseases.

Yaws, Pinta and Bejel, Price $1.25, folded; $1.50, flat, American Geographical Society, 1955.

Another in the series of beautifully detailed world maps, obviously of limited interest to the general physician but extremely valuable for those especially interested.

Collected Papers of the Mayo Clinic and the Mayo Foundation—1954.

Edited by Richard M. Hewitt, M.D., et al., 843 pp., illustrated, Price $12.50, W. B. Saunders Company, 1955.

It seems to be up to the usual high standard.

Cardiology Notebook.

Edited by Alfred P. Fishman, M.D., et al., 97 pp., illustrated, Price $2.50, Grune & Stratton, Inc., 1955.

Cardiology for the medical student. Beautifully printed, systematic correlation of heart models, diagrams, roentgenograms and electrocardiograms.

Ciba Foundation Colloquia on Endocrinology—The Human Adrenal Cortex.

Edited by G. E. W. Wolstenholme and Margaret P. Cameron, 665 pp., Price $10.00, Little, Brown and Company, 1955.

Barely a year old, this fat little volume is packed with informative and well illustrated essays and discussions about various aspects of physiology and pathology of the pituitary-adrenal system.

Pediatric Clinics of North America.

May 1955—Diagnosis by Presenting Symptoms, pp. 333-650, figs. 1-58, W. B. Saunders Company, 1955.

A practical and stimulating approach to a wide range of pediatric problems. Informative reading for any pediatrician or general practitioner.

Radiographic Atlas of Skeletal Development of the Knee.

By S. Idell Pyle, Ph.D., and Normand L. Hoerr, Ph.D., M.D., 82 pp., Price $4.25, Charles C. Thomas, 1955.

All about the maturation of the knee joint. An invaluable reference work for pediatricians, orthopedists and radiologists.

(*Continued on page 84*)

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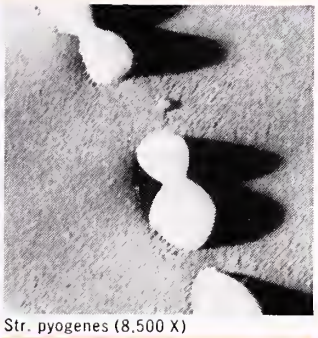
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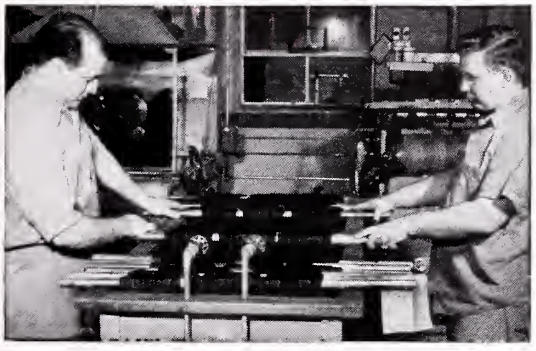


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BOOK REVIEWS

(*Continued from page 80*)

Etiology of Chronic Alcoholism.

Edited by Oskar Diethelm, M.D., 227 pp., Price $6.75, Charles C. Thomas, 1955.

Report of a five year investigation. A valuable reference work for those interested.

The Mayo Clinic.

By Lucy Wilder, Second Edition, 69 pp., illustrated, Price $3.75, Charles C. Thomas, 1955.

A beautifully printed, illustrated, and bound brochure about one of America's great institutions.

Cardiac Auscultation.

By J. Scott Butterworth, M.D., Maurice R. Chassin, M.D., and Robert McGrath, M.D., 111 pp., Price $4.50, Grune & Stratton, Inc., 1955.

Audio-visual approach to the study of heart signs. For cardiologists.

Atlas of Roentgen Anatomy of the Skull.

By Lewis E. Etter, M.D., 215 pp., Price $14.75, Charles C. Thomas, 1955.

Beautiful illustrations, some in color, of the gross and roentgen anatomy of the skull. Of obvious value to radiologists and to all who operate upon the skull or face.

(*Continued on page 86*)



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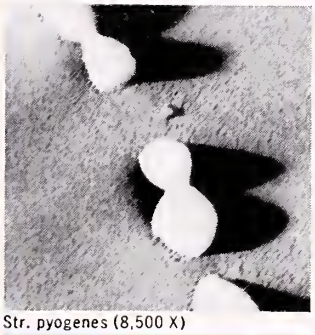
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(*Continued from page 84*)

Clinical Biochemistry.

By Abraham Cantarow, M.D., and Max Trumper, Ph.D., Fifth Edition, 718 pp., Price $8.00, W. B. Saunders Company, 1955.

Fifth edition of a valuable and practical reference work.

Cough Syncope.

By Vincent J. Derbes, M.D., and Andrew Kerr, Jr., M.D., 182 pp., Price $4.75, Charles C. Thomas, 1955.

All about unconsciousness after coughing. Indispensable to ictologists.

The Medical Clinics of North America.

July, 1955—13 articles from the Cleveland Clinic on Kidney Disease and 12 from the Scott and White Clinic on Endocrine Disorders. W. B. Saunders Company, 1955.

Principles of Public Health Administration.

By John J. Hanlon, M.D., Second Edition, 693 pp., illustrated. C. V. Mosby Company, 1955.

Second edition of an authoritative and informative manual of public health practices.

NOTES AND NEWS

(*Continued from page 52*)

under the personal direction of Dr. Owen H. Wangensteen of Minneapolis, Minn., and Dr. I. Snapper of Brooklyn, N. Y., will be given on October 27, 28 and 29, 1955, at The Shoreland. Participating in giving the course will be a distinguished faculty from the various medical schools.

The scientific sessions on October 24, 25 and 26 are open to all physicians without charge. The postgraduate course will only be open to those who have matriculated in advance.

Copies of the program and further information concerning the postgraduate course may be obtained by writing to: American College of Gastroenterology, 33 West 60th Street, New York 23, N. Y.

Immunization Information

A supplement to the booklet Immunization Information for International Travel has just been released by the Public Health Service of the Department of Health, Education, and Welfare. It carries changes made in immunization requirements from June 1954 to June 1955. Persons having a 1954 edition of the booklet may obtain copies of the supplement, free of charge, from the U. S. Public Health Service, Division of Foreign Quarantine, Washington 25, D. C.

The booklet, including the new supplement, may be purchased for 20¢ from the Superintendent of Documents, Government Printing Office, Washington 25, D. C. A 25% discount is allowed on orders of 100 copies or more delivered to the same address.

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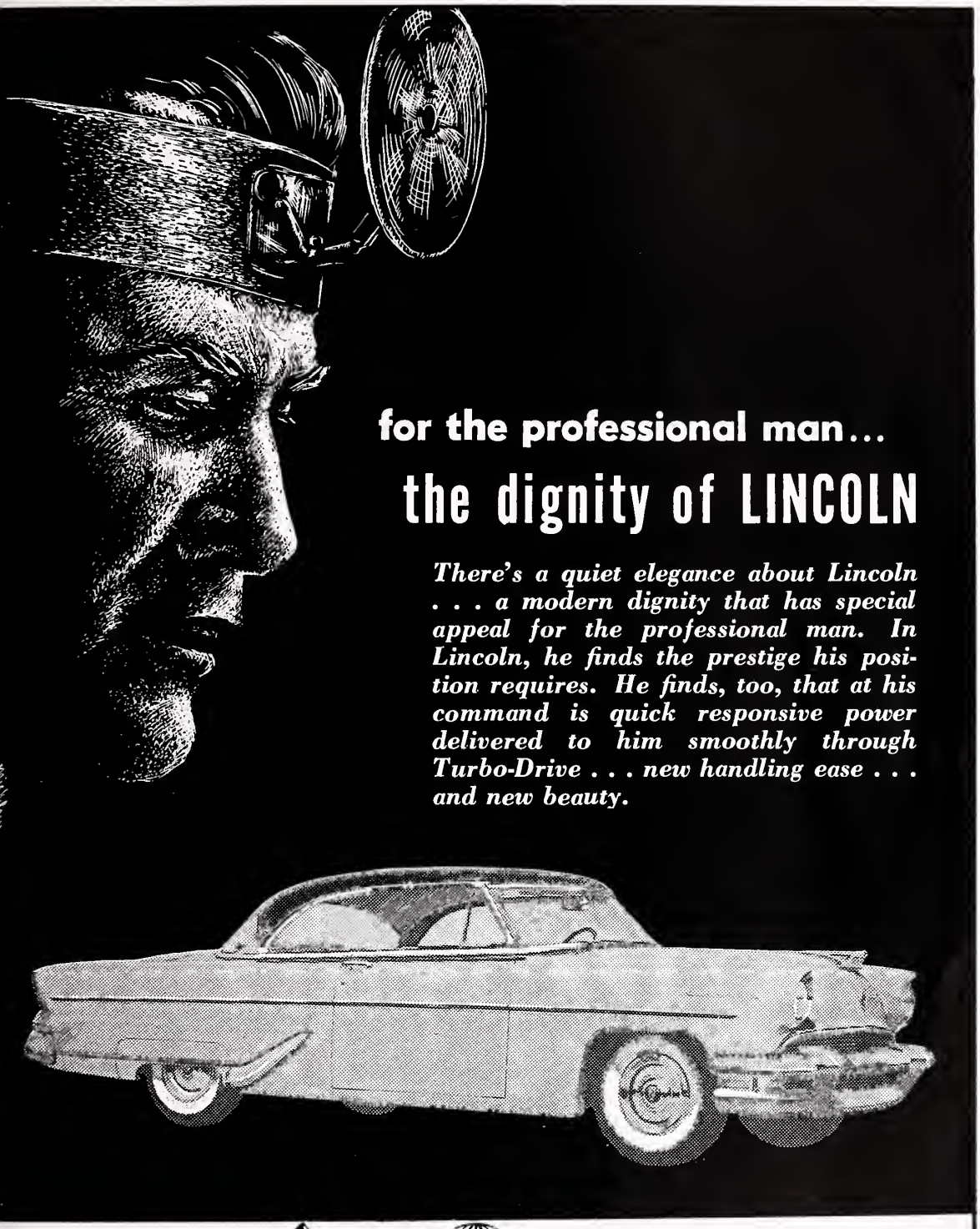
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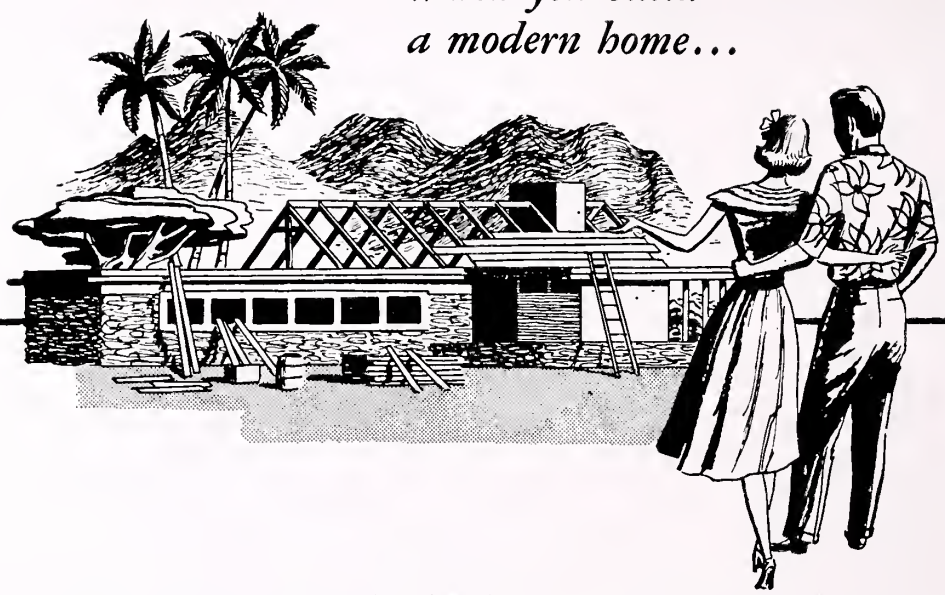
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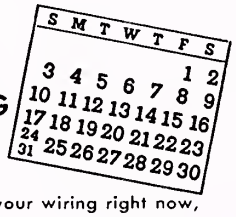
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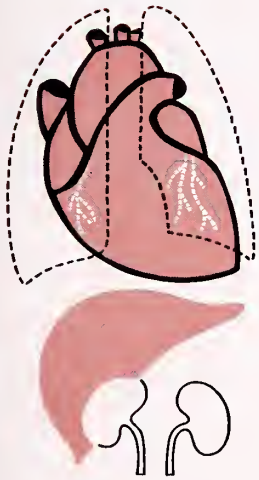
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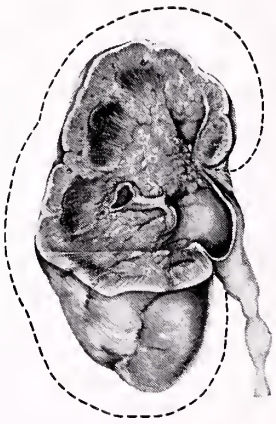
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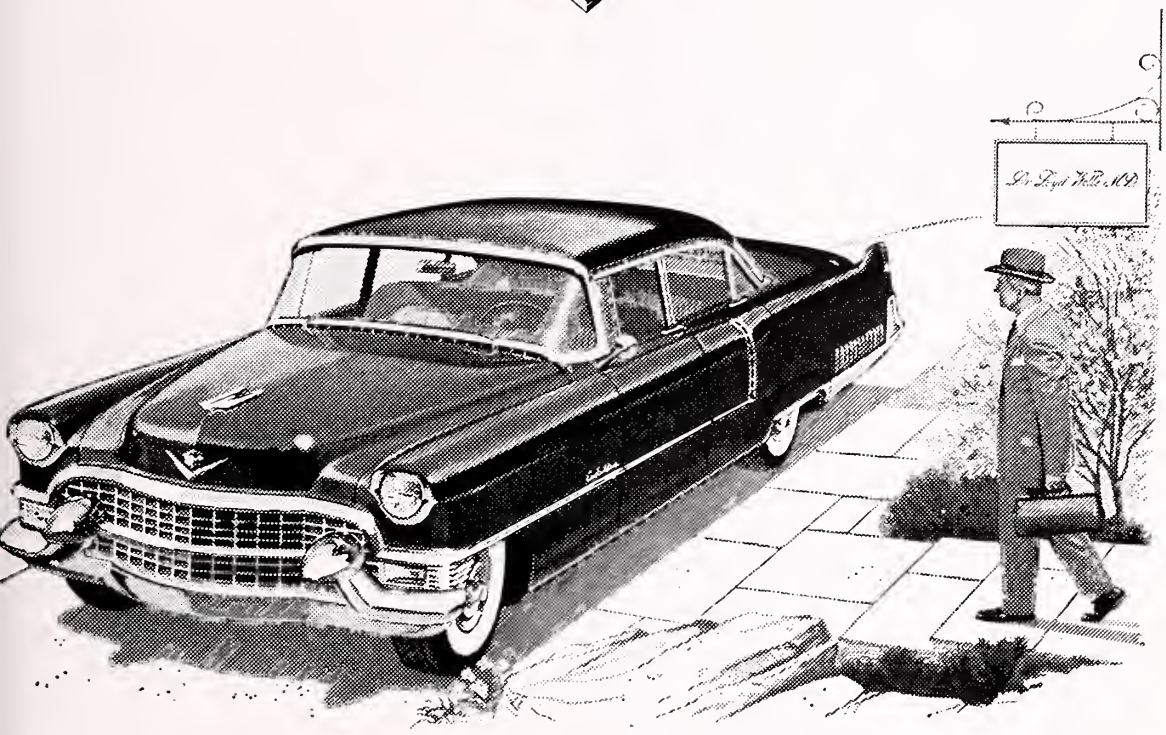


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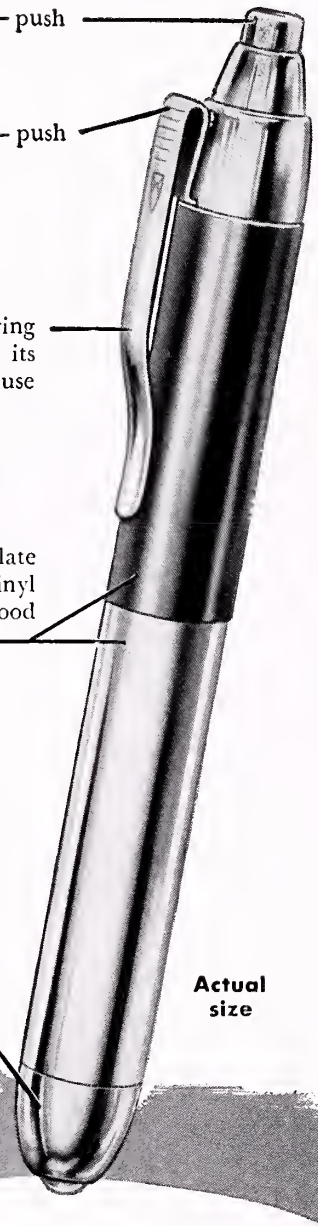
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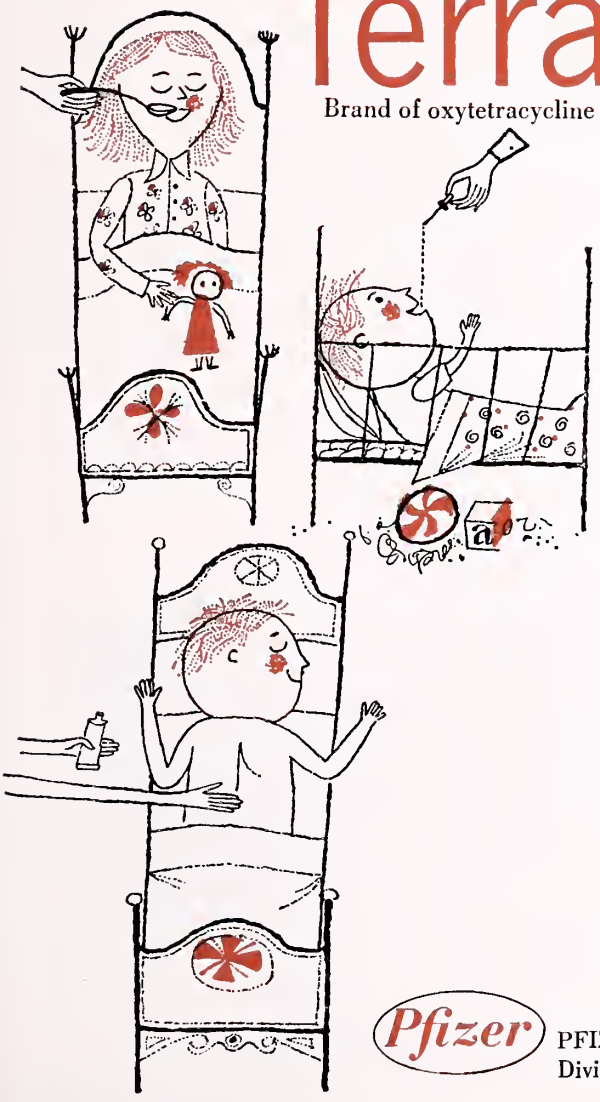
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*Farley, W. J.: Oxytetracycline in Pediatrics, Internat. Rec. Med. *168*:140 (March) 1955.

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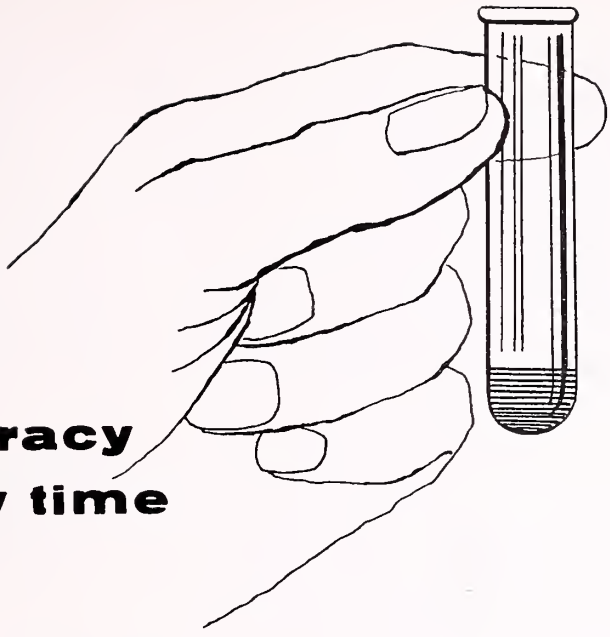
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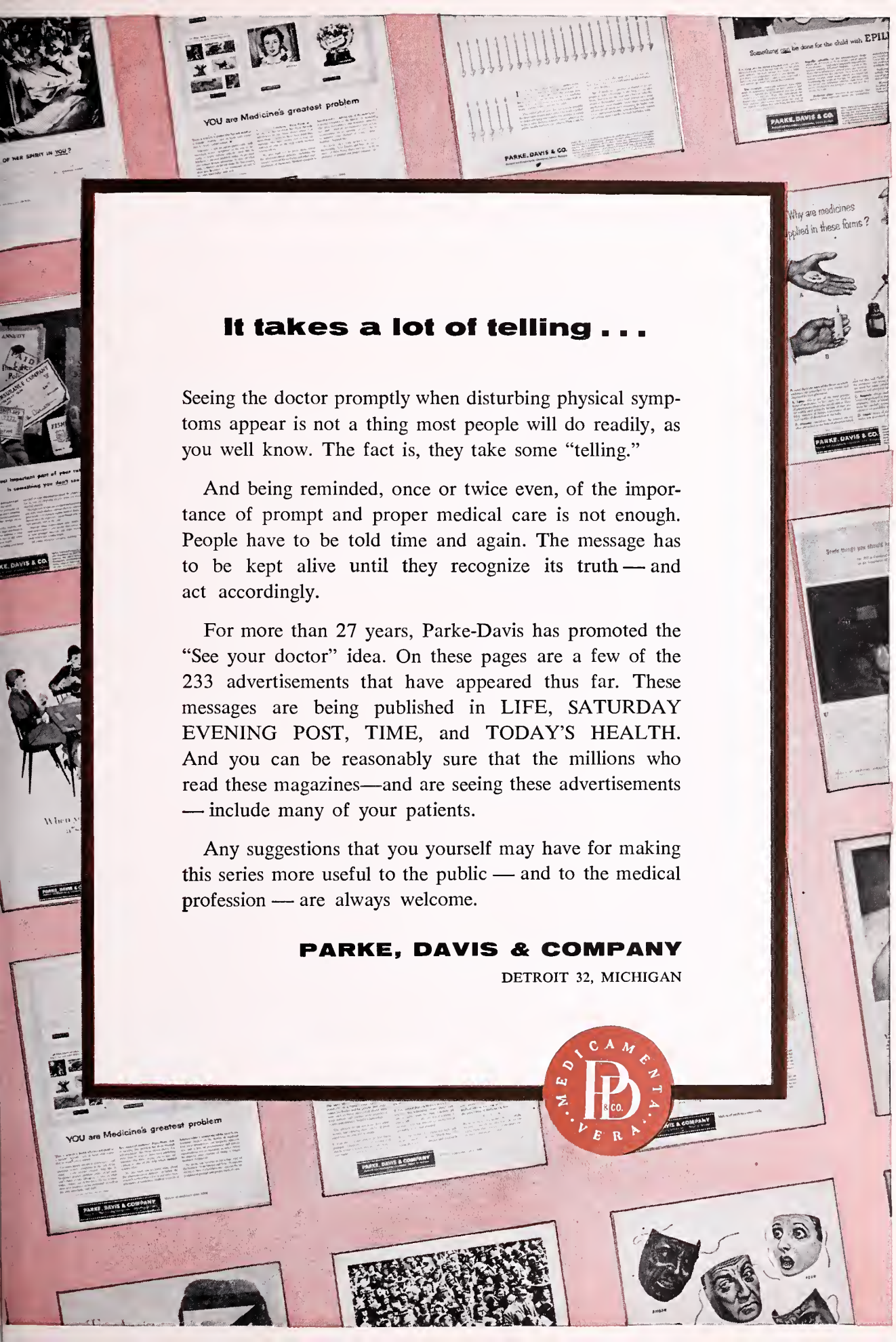
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1955-1956

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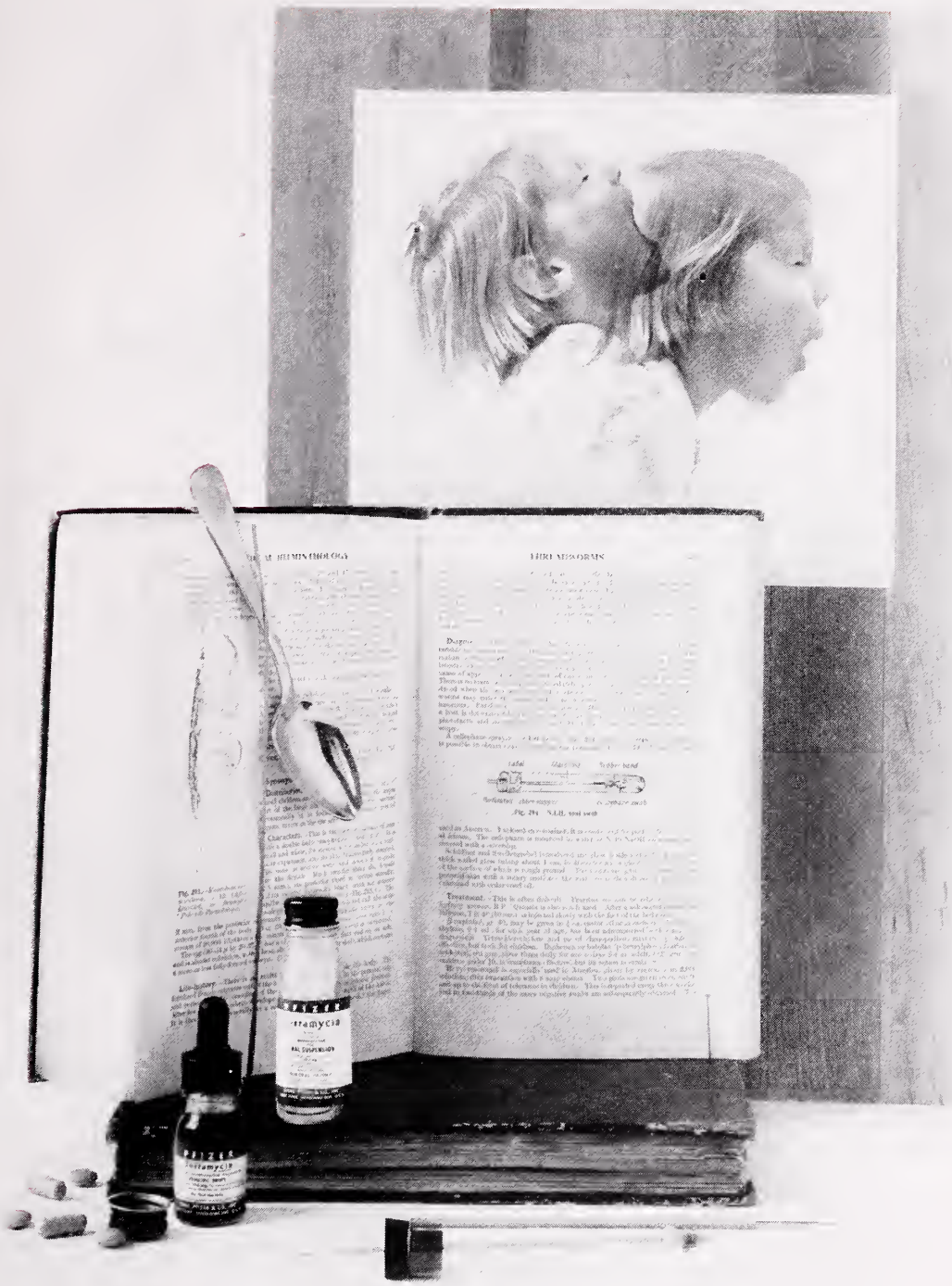
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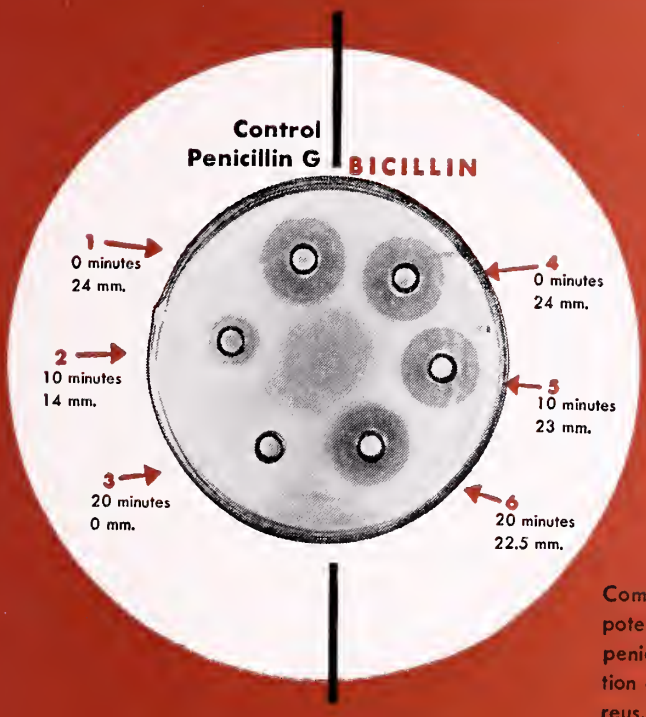
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Doctor, may we have your support for

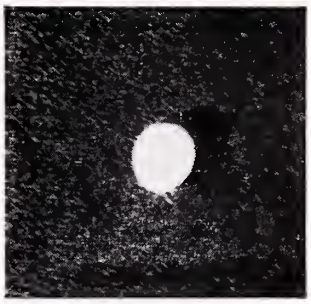


The organisms commonly involved in

Acute Pharyngitis



Strep. pyogenes (8,500X)



Staph. aureus (9,000X)



D. pneumoniae (10,000X)



N. intracellularis (5,000X)



H. influenzae (16,000X)



C. diphtheriae (6,000X)



K. pneumoniae (13,000X)

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ELECTRON MICROGRAPHS

***All* of them are included in the more than 30 organisms susceptible to broad-spectrum**

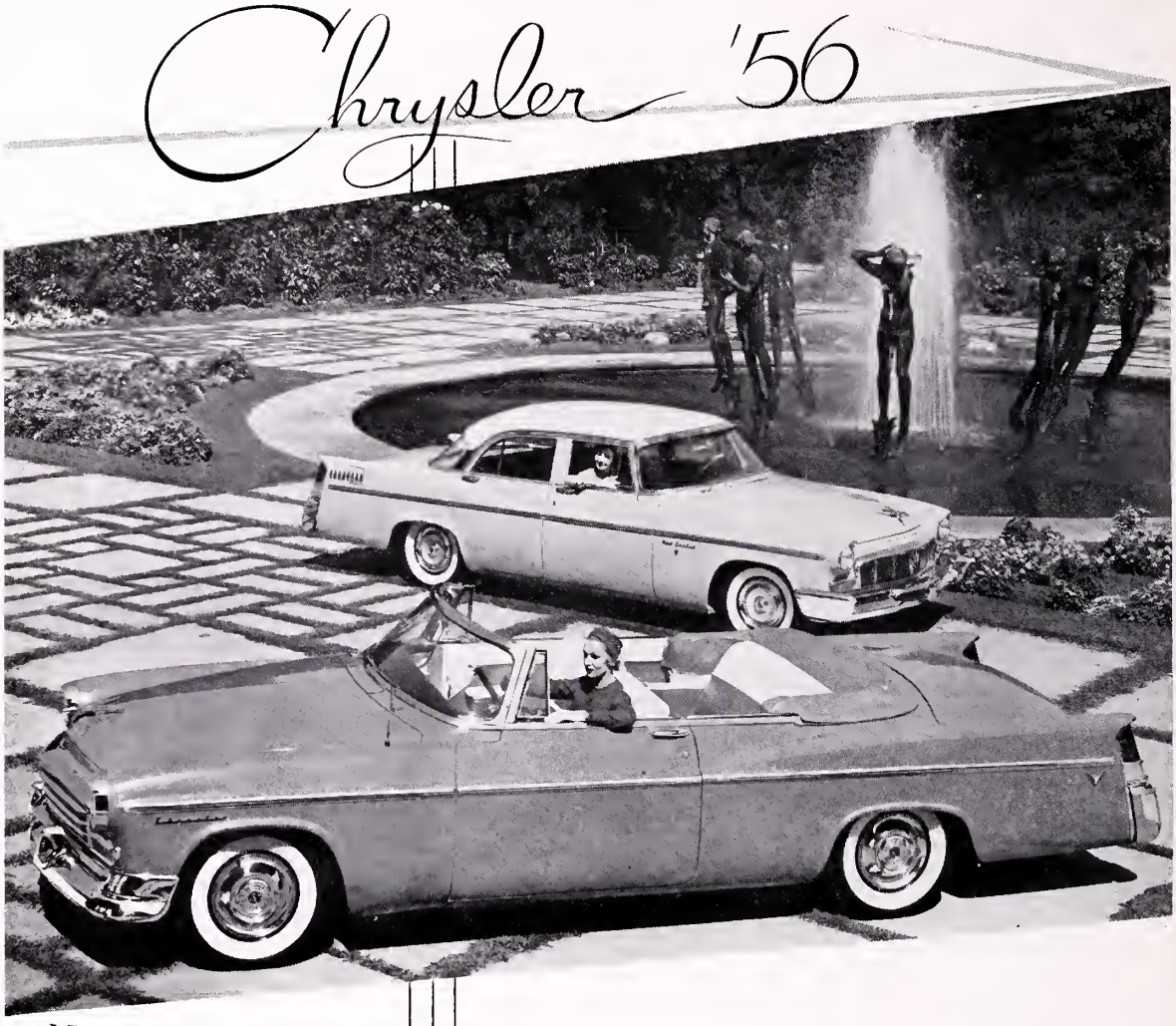
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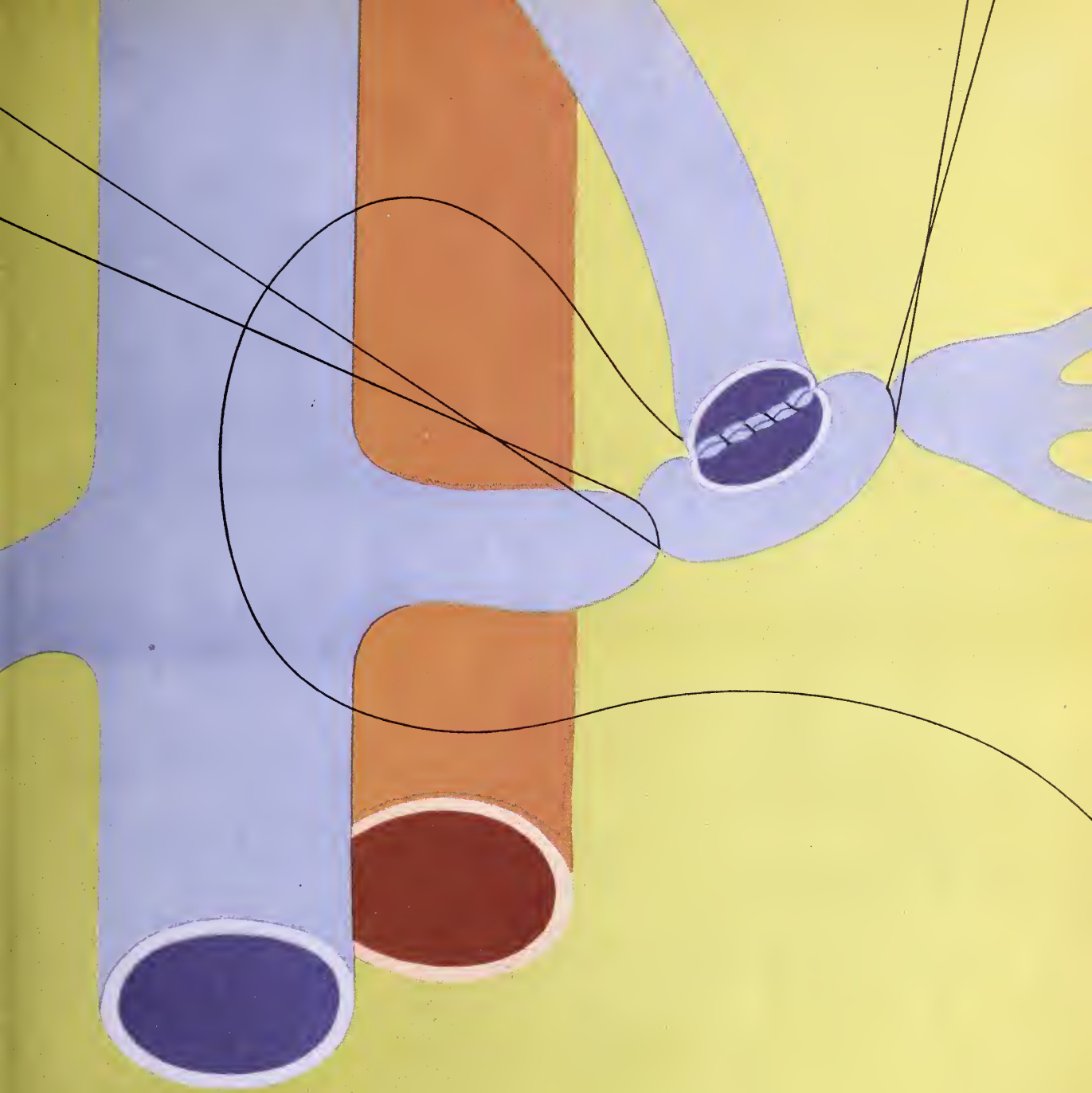
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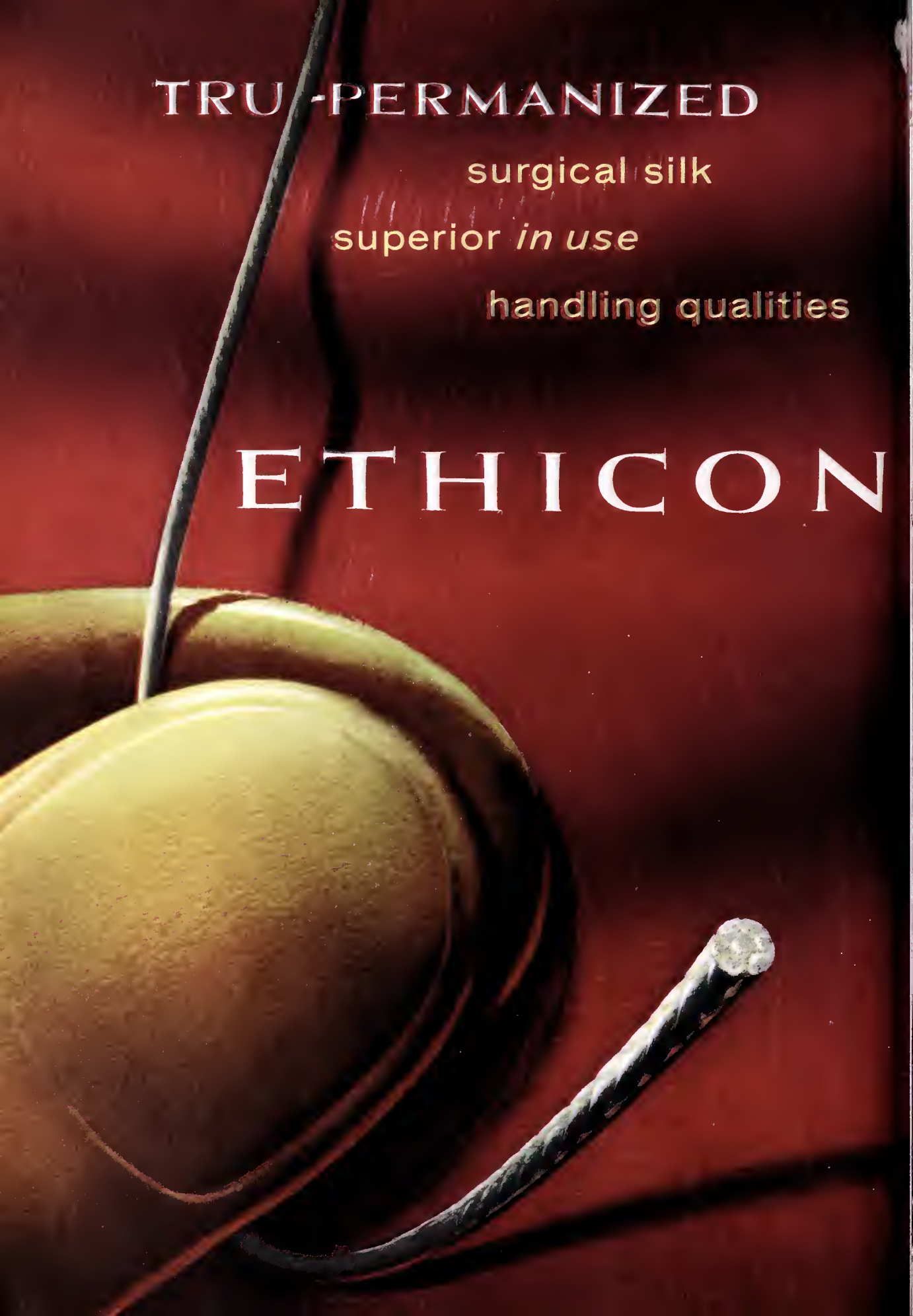
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(1) Poyne, R. W.; Shetlor, M. R.; Farr, C. H.; Hellboum, A. A., and Ishmael, W. K.: J. Lab. & Clin. Med. *45*:331, 1955. (2) Bunim, J. J.; Williams, R. R., and Black, R. L.: J. Chron. Dis. *1*:168, 1955. (3) Holbrook, W. P.: M. Clin. North America *39*:405, 1955.

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The organisms commonly involved in

Bronchopneumonia



D. pneumoniae (10,000 X)



K. pneumoniae (13,000 X)



H. pertussis (7,500 X)



Staph. aureus (9,000 X)



Str. pyogenes (8,500 X)



H. influenzae (16,000 X)

Upjohn

ELECTRON MICROGRAPHS

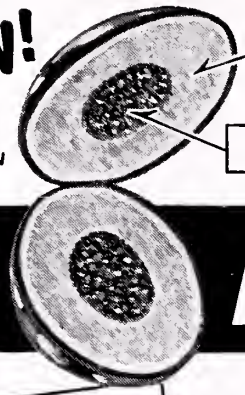
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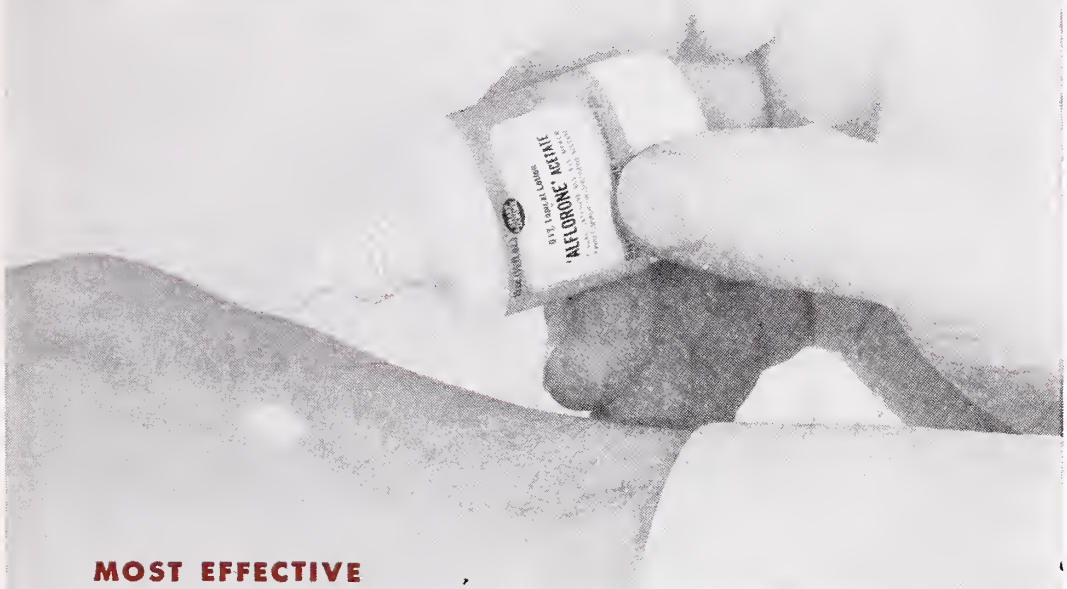
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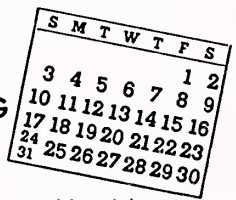
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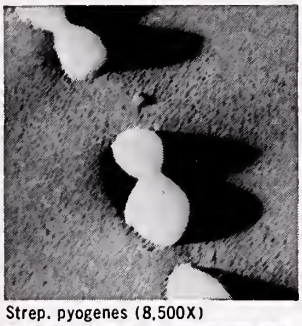
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The organisms commonly involved in

Bronchiectasis



Staph. aureus (9,000X)



Strep. pyogenes (8,500X)



Strep. viridans (9,000X)



Strep. faecalis (10,000X)



E. coli (8,000X)



K. pneumoniae (6,500X)



D. pneumoniae (10,000X)



H. influenzae (16,000X)



Aerobacter aerogenes (12,500X)

Upjohn

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***All* of them are included in the more than 30 organisms susceptible to broad-spectrum**

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when hormones

are preferred therapy...

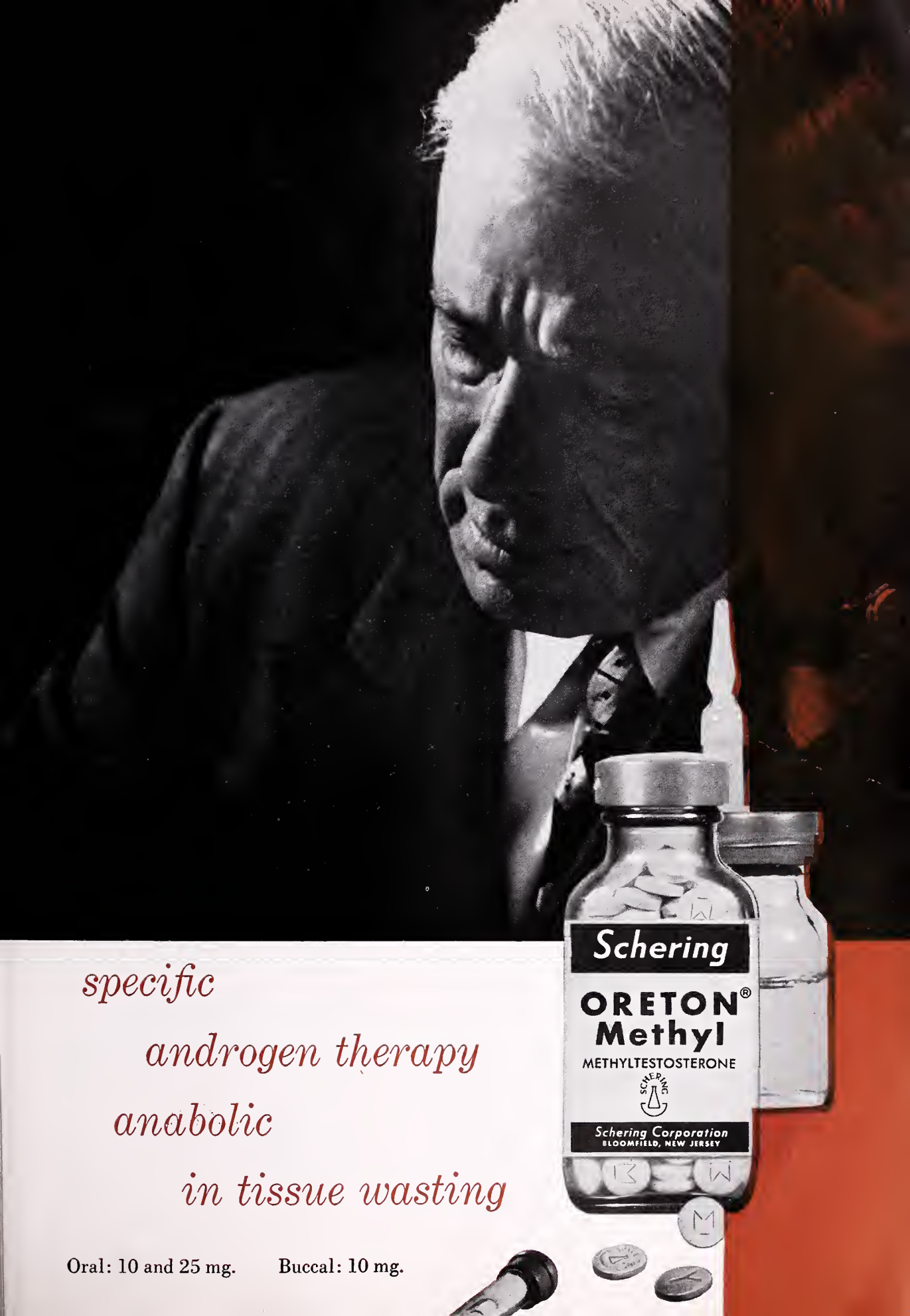
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'Ilotycin' kills susceptible pathogens of the respiratory tract. Therefore, the response is decisive and quick. Bacterial complications such as otitis media, chronic tonsillitis, and pyelitis are less likely to occur.

Most pathogens of the respiratory tract are rapidly destroyed. Yet, because the coliform bacilli are highly insensitive, the bacterial balance of the intestine is seldom disturbed.

'Ilotycin' is notably safe and well tolerated. Urticaria, hives, and anaphylactic reactions have not been reported in the literature.

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Gastro-intestinal hypermotility is not observed in bed patients and is seen in only a small percentage of ambulant patients.

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ARE YOU TAX BAIT?

RALPH R. BENSON, LL.B., Los Angeles, California

DON'T *jump* when you open that letter or when *that man* in the doorway tells you the Federal Tax Return you filed this year, last year or even a couple of years ago is being carefully investigated.



MR. BENSON

You stand there—and right away you hit yourself with this question: "*Why* did this happen to me?"

You assure yourself that you are an honest taxpayer and have nothing to fear and nothing to hide. Yet, when you signed that tax return, you mailed the original with the hope you would never hear of it again and put the copy in your files in the belief it would just gather dust.

Would you like to know about the innocent, homespun, garden variety ways of attracting the attention of the tax people?

It is not just a tax return that attracts attention. It can be your method of keeping books. It may be the people around you that you know or don't know. It may not be anything of your own doing that attracts attention. Or, the government may snap at first at the simple harmless bait, and then by its procedures, snare a far greater bait and a more explosive one.

Are you interested in learning what these ways of attracting attention are and which of these ways can be avoided?

Then rate your own chances of coming down with a good case of "T.T.'s" (Tax Tremens) by going through this list of "Bait":

THE BAIT

1. *Have you made any mistakes in arithmetic?*
2. *Did you claim a large or unusual deduction?*
3. *Are you claiming dependents other than your wife and children?*
4. *Is your income over $20,000 a year?*
5. *Is your return part of a "spot" check?*
6. *Has your patient been called in to prove up medical expenses on his own return?*
7. *Has an informer told a story about you?*
8. *Has a newspaper given you publicity on your finances?*
9. *What vicious rumors are making the rounds?*
10. *Is the wife in the divorce court telling all?*
11. *Has a Federal or State Agency become aroused about you?*
12. *Will a large amount of cash in your safe deposit box create suspicion after your death?*
13. *Do you pay your bills in cash?*
14. *Are you buying property?*
15. *Will the inventory of an estate show up possible unpaid income taxes?*
16. *Are you a victim of the bank deposit method?*
17. *Are you a victim of the net worth theory?*

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BAIT No. 1

Have you made any mistakes in arithmetic?

Take the case of Dr. A, a busy OB man, who had counted on a few free evenings to do his tax return. But, instead, he let it go until the deadline, the night of April 15. Apparently, delivering babies had caused him to take care of other people's new tax exemptions while he had delayed taking care of his own.

With the clock running out on the last few hours for filing, Dr. A feverishly gets hold of an adding machine and starts listing all of his operating expenses from a stack of torn slips. His office expenses total $3,600, including $1,200 for a cleaning woman to whom he paid $100 per month. Interrupted. He gets a telephone call. A worried patient in false labor. Back to the grind again. Still thinking about his patient's labor pains, he enters the correct total of $3,600 on the return but copies $2,100 instead of the $1,200 for the cleaning woman by simply mixing the figures 1 and 2. This simple error which slipped through his fingers will be picked up by the comptometer operator at the Federal Building, as her nimble fingers punch the busy keys. A simple error paying off in $1,000,000 worth of grief.

This simple error, which happens every day, will automatically summon the doctor into the tax office for explanation. The tax people would not know from the face of the return whether the $2,100 or the $3,600 was the correct figure. Sure, the doctor, after spending a day down at the tax office, after tracking down his receipts, vouchers and check stubs will eventually sweat his way out of the problem and stand pat on the original tax due with no change. But this simple error of one item caused a complete check-up of pages 1, 2, 3 and 4 and all of Schedule C attached.

The moral is: It is standard office procedure for the local tax office to check all returns for mathematical accuracy with its corps of comptometer operators.

So you had better take your time or see your accountant or tax adviser. Besides, an OB man can alleviate labor pains, his patients' and his own, by getting an extension of time for thirty days which is not too hard to get from the tax people.

BAIT No. 2

Did you claim a large or unusual deduction?

Dr. B last year claimed a deduction for $5,103.52 for entertainment expenses. He operates an industrial clinic. His practice is strictly referral. He contracts with industrial insurance companies to be referred industrially injured patients from several manufacturing plants. The Doctor makes it his business to entertain the insurance companies' key men, the executives of the factories and the doctors at the First Aid Clinics, who regularly send the injured employees from the plant to the outside industrial doctors on the approved list. Dr. B, as well as the other industrial doctors in the area, take these people to lunch or dinner or to football games. He invites them to Christmas parties, gives them wedding, birthday and anniversary gifts and invites the more daring on aeroplane and hunting trips. Last year he estimated all these expenses except the Christmas party. He had kept no itemized records and had but one receipt of $103.52 from the Christmas party and estimated the rest at around $5,000.00. This year, on the advice of his accountant, he kept accurate records. He marked the checks when he paid for gifts, with the names of the specific industrial clients. On the lunches, dinners and ball games where he paid cash, he reimbursed himself the next day by check. All of his aeroplane and hunting expenses at the airports and hunting lodges were by itemized charge accounts and paid monthly. Then the accountant subtracted from the dinners the cost of the Doctor's usual meals and from the aeroplane and hunting expenses he picked out 25% as the Doctor's fair estimate of his own personal expenses. The net total this year was a surprising $9,502.00, a surprise even to the Doctor because he thought he spent the same as last year. His estimates in years before were actually too low. This year Dr. B's return is checked because of the unusually high entertainment deductions in both years.

An unusually intelligent government auditor, of which there are many in government service, reviewing tax returns at the Federal Building would be alarmed at the total business deductions, including entertainment, in contrast to the doctor's reported total income. For instance, a deduction of $9,502.00 or $5,103.52 for entertainment against a gross of $40,000.00 would attract attention, inspection and visitation. This year's entire itemization clears 100% because it is itemized and necessary and proper to his specialty in his profession. Last year's, except as to the Christmas party, is cut in half by the agent when the Doctor fails to produce sufficient evidence to back up his estimates and he is only allowed for last year $2,603.52.

The moral is: Dr. B now keeps a little black book marking down:

1. Place of entertainment;
2. Kind of entertainment: tickets, food or liquor;
3. Name of entertainees;
4. Amount actually spent on them; and
5. Date.

This goes for every entertainment deduction, whether by cash, check or charge account.

BAIT No. 3

Are you claiming dependents other than your wife and children?

Dr. C became a tragic victim of an automobile vs. train accident which claimed the lives of his wife, his wife's father and uncle. His wife had been driving the car. She had just picked up her family at the railroad station. They had come for a short visit. Dr. C immediately became the sole support of his injured mother-in-law who survived the wreck after sustaining a fractured femur. He also became the sole support of the injured first cousin of his wife who was 22, unmarried, a schoolteacher, who had also been in the wreck. The cousin had sustained a brain lesion and required care in a sanitarium. Although the coroner's inquest showed his wife was not at fault at all, the Doctor feels morally obligated to support the two survivors, the mother-in-law and this unfortunate young lady cousin, to the fullest extent.

In a strict legal sense, the mother-in-law and cousin-schoolteacher are now unrelated to the Doctor. His wife, when she was living, was the legal link between her family and the doctor. These legal distinctions, however, did not prevent the Doctor from contributing far more than one-half the total support of these two. On his tax return he claimed these two for the first time this year, entering their names in the newly added box for relatives on page 2, claiming $1,200 for them as well as $600 for himself and as well as another $600 for his mother-in-law who was over 65. This tax return will be red-pencilled by the local tax office and thoroughly checked. Any dependents outside of a wife and child will now

stick out like a sore thumb because of the new tax form and, besides, the Doctor was making a new tax law when he claimed a presently unallowable $600 for his mother-in-law just because she was over 65. This over 65 extra allowance can only be claimed by a taxpayer's wife or husband and not for any other relative. Or, if the mother-in-law had her own income and filed her own return, she could have claimed the extra $600 for herself.

As to the mother-in-law, the Doctor would be allowed the basic $600 even though she is now unrelated. The tax people consider the relationship as still going on whether she lived with the Doctor before the accident or not. As to the school teacher in the sanitarium, the Doctor would not be allowed one cent of dependency exemption because the cousin did not reside with the Doctor before the accident. The cousin's exemption will be red-pencilled, the Doctor will be called into the tax office and told why. The tax law about dependents is that complicated and inconsistent.

The moral is: Dr. C now sees a lawyer or an accountant rather than going to the news stand for any of the popular "simplified" one-hour tax courses. A tax advisor would have filled out the form correctly and would have attached to the return for the first year a simple explanation that the proper relative was claimed and this whole problem of the red pencil and personal tax lecture would have been avoided. This personal note attached to the return by the accountant is effective and humanizes it. It saves the Government unnecessary checking and minimizes the ever-present memories of the tragedy. Besides, a tax advisor would tell the Doctor he is entitled to another $600 exemption legally allowable for his wife, although she passed away before December 31. He is also entitled to file a joint return and pay his taxes on a split income for that year.

BAIT No. 4

Is your income over $20,000 a year?

Dr. D earned a net income of $27,000 this year for the first time. When he sat down to make out his own tax return, he was very careful to describe his first venture this last year into the rising stock market. He had purchased shares of a supposedly high grade growth company which proved slightly undesirable since it had a tendency to shrink. This he had purchased on the tip of an obscure radio reporter on a local station. He kept this stock three months. It went down five points so he dumped it. He entered on his tax return a short-term capital loss. Sufficiently soured by this bitter experience, he even sold shares in a company he had been given by his mother years ago for a small long-term capital gain. This old stock in a small private company had not paid dividends for the past twenty years. The doctor had received $35 in dividends on that single stock purchase he had made this year. He entered $35 in Schedule J on his and his wife's joint return, but found it rough going trying to fill out the rest of the required dividend credit or exclusion questions. After trying for one-half hour to figure out the instructions in the tax pamphlet furnished by the Government, he decided to cross out everything about the $35 dividends, leaving it blank, because he figured somehow that the dividends, being so small, under $50, would be excluded anyway from his taxable income. He was right on that, but wrong not to fill it out. His return as filed showed accurately the stock transactions and his $27,000 net, and nothing about dividends received or dividend credits claimed. The local tax office flagged his return because his income was over $20,000 and because it seemed suspicious to the first tax checker that the Doctor did not report any dividends when the Doctor apparently had owned and sold stocks in two companies. The tax checker at his desk at the Federal Building pulled down the latest copy of Moody's Stock Service and confirmed the low stock dividend on the listed securities purchased this year, but could find no listing on the older private company or the size of any dividends distributed to the stockholders. An ounce of suspicion thus created tipped the scales for this taxpayer in the over $20,000 a year category for a tax checkup.

The moral is: Every return over $20,000 net income is carefully reviewed at the tax office. The slightest suspicion of something wrong will bring the tax man to the taxpayer for a tax talk. Had Dr. D consulted a lawyer or accountant to fill out the dividends received portion, he still would have paid no tax on the $35 and it would have given the Doctor another tax deduction for money paid to the lawyer or accountant. And probably saved himself the visit from the tax investigators.

BAIT No. 5

Is your return part of a "spot" check?

Take the case of Dr. E. Last year his return was investigated for five days and was found correct to the last penny—after three investigators had gone through his daily log entries and some 4,000 medical charts.

This year, again, the tax man is at his office to go through his latest return and his books. The Doctor's face turns pale and he feels weak at the knees. He is honest— and harrassed—and feels that lightning has just struck twice. He wonders how come another checkup—wasn't last year's O.K. good enough for at least another year?

The tax man quietly offers a simple explanation: This year Dr. E's return had come up as part of a spot check completely unconnected with last year's investigation. This spot check is a scientific sampling of returns made every year by the Government. Call it the Doctor's luck—just like a lottery.

Again we have something the Doctor *couldn't* avoid—stemming from the mere fact that Dr. E's return was filed.

The moral is: Even though you were hit last year, don't drop your guard. Always keep your books in A-1 shape. Last year's clearance is no guarantee against the possibility of reinvestigation this year.

BAIT No. 6

Has your patient been called in to prove up medical expenses on his own return?

Dr. F is a GP and three winters back made many house calls out in the country for a patient and his family. He gave shots of bicillin and penicillin, charged $10 each time and was paid in cash. Dr. F marked down the payment in his daily log book on getting back to his office. As in many unwary doctor's offices, his assistant made out a receipt leaving the carbon copy in the receipt book and quickly crumbling the original and assigning it to the waste paper basket. It never entered the Doctor's mind to have his girl put the receipt in an envelope and mail it to the patient. It did not occur to him that he might be leaving himself wide open for future tax investigation of his own return.

This patient filed a tax return for that year three years ago, listing $400 expenses from Dr. F. The patient was called in to prove up this amount. He confirmed the first $100 by producing the cancelled checks for office visits but as to $300 claimed for house calls, the patient had no cancelled checks and no receipts. The tax man told the patient to get a letter from the doctor and have the doctor's signature notarized to prove the $300 paid in cash. The doctor looked at his receipt book and could not remember three years back and found only carbon copies of receipts totaling only $30. The patient insisted on the full $300. The patient may well lose $270 of medical deductions and the doctor may find himself on a list for a scheduled tax examination of his own return at his office.

The moral is: Dr. F now sends receipts on all house calls. This is the ideal way to handle cash payments on all house calls, even if not the most common practice today. From a public relations view, it is a good idea to send a receipt. The receipt might well say: "Keep this receipt for tax purposes." After all, many charitable foundations and stock brokerage houses print that advice on their receipts. Why shouldn't the doctor protect his patient and himself by this simple method?

BAIT No. 7

Has an informer told a story about you?

Dr. G is an internist in a city of 10,000 population. Uranium is discovered nearby and the city swells to 20,000 almost overnight. The Doctor's caseload per day had been 10; with the boom his caseload jumps to 40. He is busy to the point of distraction. He places an ad in the paper for an assistant and hires the only applicant who calls. No investigation is made of her background or references. She is to be a combined housekeeper, receptionist and technician. After a month's trial, the Doctor finds his records and charts in a mess, which were bad to begin with, and had not been improved by her. He discharges her although he is unable to replace her. Each day his records continue to grow worse. The pressure of the practice is beating him to a pulp. This ex-assistant, in her hurt pride and bitterness, sends an anonymous letter to the Internal Revenue Service, stating: in her opinion, the Doctor was failing to report his total income on his tax return. Although she acted with malice and without evidence, she turned out to be right in that the Doctor had not reported his full income. But Dr. G is honest and she knows it.

Acting on this anonymous tip, the IRS makes an investigation of the Doctor's latest return. As a result, an actual underpayment of taxes is uncovered and an assessment made against the Doctor in the sum of $10,000 additional tax due, plus 6% interest from the day last year's return was due, after going through the Doctor's hodgepodge of so-called records. But the Government has also sent him the second part of the bill for another $5,000 as a fraud penalty computed on 50% of the first part of the bill. The Doctor feels he has done no intentional misdeed. The Government insists upon the fraud penalty because they feel that Dr. G had *wilfully intended to evade a tax*, by failing to unscramble his books when he should have known that his tax return, which he sent in, could not report his true income when his books were as bad as, or worse than, no books at all. At best, Dr. G certainly does not show up in a favorable light.

Dr. G, being all worked up, appeals this fraud penalty to the United States Tax Court. The Doctor is losing time from his practice and footing a steep bill from his attorneys and accountants. Top it off, the local newspaper carries the story of his tax troubles and his patients gossip about

it. The Tax Court upholds the findings of fraud. Again, the Doctor still feels he is right and doggedly appeals the matter to an even higher court, the Circuit Court of Appeals. He is lucky if his blood pressure does not go up too. The Circuit Court of Appeals rules in his favor, deciding that a doctor who is busy to the point of distraction and could not obtain help to properly perform his services and maintain his records, could not be guilty of fraud. The Court cancels this bill for $5,000 of fraud penalty but the Doctor has actually paid more in fighting the case in trying to save his conscience and his reputation.

Had the Government tried to prove negligence, which carries only a 5% to 25% penalty, they might have been able to make it stick more easily than the charge of fraud.

The moral is: Keep your books in a messy state and you give informers a field day.

BAIT No. 8

Has a newspaper given you publicity on your finances?

Likely to make the front page is a story of a roll of unexplained $100 bills found in a small box in someone's house. Can you imagine the story of Dr. H's wife who had already saved $2,000 in cash in $20, $50 and $100 bills? And putting it aside in a metal box for a rainy day? Then this Dr. H. goes off on a two weeks vacation with the wife and kids. Leaving the house to be repainted. In moving the furniture about, the painters shoved a movable standing closet—and out falls the box—and the money. The painters, worried that the Doctor might accuse them of finding more, report the discovery to the police in order to protect themselves. And to make matters worse, the newspapers publish the story.

Right or wrong, cash around the house is a Number One tax and personal liability. The Internal Revenue Service is particularly interested in public revelations of this nature—Dr. H's tax return is subject to review, and a lot of time lost from his practice, on the basis of this publicity given.

The moral is: Don't keep your money in cash at the home or office. Put your money in a savings account—or investment—and keep it alive —working for you—day and night and—on vacations.

BAIT No. 9

What vicious rumors are making the rounds?

Dr. I suddenly started going to the bank every day for the past 5 weeks. He went to the safe deposit box section. Each time he signed a slip calling for his signature, the date and the box number. The bank clerk carefully filed each slip and then preceded the Doctor in the vault, inserted the Doctor's key and the bank key in the outer door of the box. The Doctor then took the box alone into a small booth. After the door closed behind him and as he heard the lock clicked, the Doctor opened the box and took out the papers he faithfully kept as executor of the estate of his deceased friend, a fellow doctor. There was no cash in the box. The estate was small but required all of the attention of every estate. The valuable papers—the deeds—the insurance policies—the written proof of loss—The Doctor took his responsibility to his friend's widow and children seriously and served as executor without fee, waiving any fee under state law. In those five weeks the Doctor did sacrifice some of his energy in handling the details of the estate and working late hours. The lights burned later than usual in his office. The trips to the bank—the light burning late when other offices had closed—caused an idle tongue to wag that the Doctor had taken on illegal surgery. This scandalous charge of abortions and hiding "hot cash" reached the ears of a tax collector who called on the Doctor. He received a quick explanation from the Doctor, who felt he had not been kindly rewarded at all for his deeds by the irresponsible backyard gossiper.

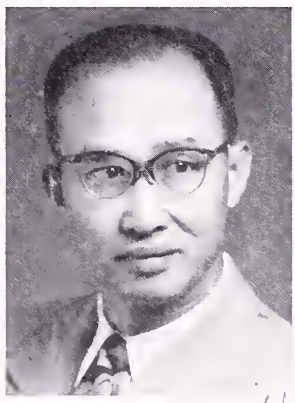
The moral is: There is no insurance policy written which could have protected the Doctor from the common breed of viper. Perhaps the Doctor should have left the complimentary but dubious honor of his being his friend's executor to the professional talents of attorneys and bankers.

(To be continued)

CLOSURE OF PERFORATIONS OF THE EAR DRUM

L. Q. PANG, M.D., Honolulu

THERE IS an erroneous impression among lay people and even some physicians that nothing can be done to close a perforation of the ear drum. In 1640 Marcus Banzer[1] first attempted to close off a perforation of the ear drum by placing in the auditory canal a tube of ivory covered over the end with a piece of pig's bladder. Since then, otolaryngologists have tried various methods to close off a perforated ear drum. These methods have consisted of (1) the use of a prosthesis or an artificial ear drum, (2) chemical cauterization of the edges of the perforation to stimulate healing, (3) a combination of the first two methods, and (4) surgical closure by means of a skin graft. This work has more recently been advocated by House.[2] Each of these methods has had its advocates and its share of success.



DR. PANG

In spite of all this pioneer work, closure of perforations of the ear drum became a forgotten art and received scant attention in the otolaryngological textbooks and journals prior to World War II. At this time, the numerous cases of perforated ear drums resulting from blast injuries and explosives re-stimulated the study of closure of the resulting defects.

My first contact with this subject was in 1947 when I had the privilege and pleasure of studying under Dr. George Shambaugh of Chicago. His associate, Dr. Eugene Derlacki,[3] had just returned from the service in 1946 and had just begun his study on the repair of perforations of the ear drums. In the 131 cases where treatment was carried through to a conclusion, there was successful closure in 99 or 75.6%.

Perforations in the ear drum should be closed if possible for the following reasons: (1) There is often an improvement in hearing and localization of sound. (2) There is increased resistance to re-infection of the middle ear. The drum acts as a barrier against invasion from without and as a deterrent to easy passage of mucus and infected exudate from the nasopharynx through the eustachian tube. It has been noted that repeated attacks of otitis media following sinusitis or nasopharyngeal infection are completely stopped by a successful closure. (3) Occasionally tinnitus is relieved. (4) Patients may indulge in swimming after closure without fear of recurrent middle ear infection. (5) Persons with drum defects are barred from military service and certain military training schools. Closure of the defects will aid them to meet the physical qualifications. Furthermore, in many of these, the premiums are rated up in their insurance policies.

Indications for Closure

Closure of a perforation may be attempted when it meets the following requirements: (1) It must be a central perforation. A central perforation is one in which there is a rim of drum membrane between the edge of the perforation and annulus tympanicus. This is in contradistinction to a marginal perforation in which there is no rim of membrane between some part of the edge of the perforation and the annulus. (2) There must be no active infection in the middle ear or mastoid. (3) The eustachian tube must be patent.

Contraindications

1. Mastoid disease.
2. Cholesteatoma of the middle ear.
3. Destruction of the ossicular chain.
4. Marginal perforations.
5. Continuous discharging ear—the infection must first be cleared and the discharge stopped.
6. Complete loss of the pars tensa.
7. Obstruction of the eustachian tube.

Histopathology

The tympanic membrance is slightly oval and varies in size from 8 to 9 mm. to 9 by 10 mm. in the adult. It consists of two portions: the smaller superior portion or pars flaccida and a larger inferior portion or pars tensa. The pars tensa is made up of three layers: (1) an outer cutaneous layer of stratified squamous epithelium, (2) a connective tissue layer which consists of an outer layer of radiating fibers and an inner layer of concentrically arranged fibers. These two layers are closely united. (3) A mucous layer or a continuation of the mucosa of the middle ear which is made up of a mucous layer of pseudostratified columnar or cuboidal epithelium.

Read before the ninety-ninth annual meeting of the Hawaii Medical Association, May 6, 1955.

[1] Banzer, M.: Dissertation on Deafness, 1640.

[2] House, H. H.: Surgical Repair of the Perforated Ear Drum, Ann. Otol., Rhinol., Laryngol. 62:1072 (Dec.) 1953.

[3] Derlacki, E. L.: Repair of Central Perforations of Tympanic Membrane, Arch. Otolaryngol. 58:405 (Oct.) 1953.

After a perforation of the ear drum occurs following an infection or trauma, the process of repair becomes complete when all the layers grow together and re-establish its continuity. However, in those cases which fail to close, the process of drum repair stops when the rapidly growing stratified squamous epithelium of the external surface of the drum grows over the perforation edge and meets the pseudostratified columnar or cuboidal epithelium. The meeting of these two layers produces a firm scar which prevents the middle fibrous layer from re-establishing its continuity. The rationale in the closure of these perforations consists in the destruction of this limiting epithelial barrier or scar either by chemical cauterization or a small biting forceps.

There is a difference of opinion as to which drum layer is the dominant one in healing. Stinson[4] feels that the outer epithelial layer is the active layer in the healing of a perforation. Dunlap and Schuknecht[5] feel that the destruction of the epithelial tissue barrier by acid stimulates an inflammatory healing response in the middle fibrous layer. Hall,[6] on the other hand, feels that the mucous membrane layer is the most important layer in the healing of a perforation. Derlacki feels that both the middle connective tissue layer and the mucous membrane contribute importantly to the healing of a perforation. However, one thing is certain. The regenerated drum so closely resembles a normal drum membrane that it is impossible to determine where the normal drum ends and the regenerated drum begins.

Technique

Before attempting a closure of a perforation of the ear drum, all secretion and infection in the middle ear must be cleared up by treatment. Any concurrent infection in the sinuses and nasopharynx must be controlled. Occasionally, an adenoidectomy may be necessary. A continuous mucoid discharge is frequently a result of a nasal allergy and will not stop until the allergy is controlled by either antihistamine or allergic therapy. When the ear is dry, a preliminary audiogram is made for comparison.

The actual procedure I use in the closure of the perforation is that recommended by Linn.[7] The margin of the perforation is anesthetized by tampon of 2% pontocaine or 10% cocaine, and is then wiped with a tiny cotton applicator, moistened with a saturated solution of trichloracetic acid, until a solid white eschar is formed. In doing this, care must be taken to avoid touching the mucosa of the middle ear. This is followed by a light insufflation of protonuclein powder which Linn feels stimulates healing. A cotton pledget saturated with Euphthymol solution is then applied gently to the edges of the perforation. This pledget acts as an irritant and stimulates healing. The patient is advised to keep the cotton in the ear and to moisten it by instilling 2 or 3 drops of the Euphthymol solution on the cotton twice a day. The cotton is removed after one week and the procedure is again repeated at weekly intervals until closure takes place.

Occasionally, the technique has been varied by using a triple sulfonamide powder and a solution of 5% urea. However, I have found very little difference in its effectiveness, although occasionally, when the healing process is slowed up, the switching of the powder or solution apparently stimulates healing.

Case Reports

Case 1.—Mr. C. W., a 43 year old Chinese man who was first seen on April 12, 1951 with the complaint of a chronic recurrent discharging left ear for the past ten years. Examination revealed a large central perforation in the left ear drum with a small amount of mucoid discharge. In the right ear, there was a scar of a large healed central perforation, which was rather thin and flaccid. An audiogram revealed a typical conductive type of deafness in both ears, worse in the right ear (Fig. 1).

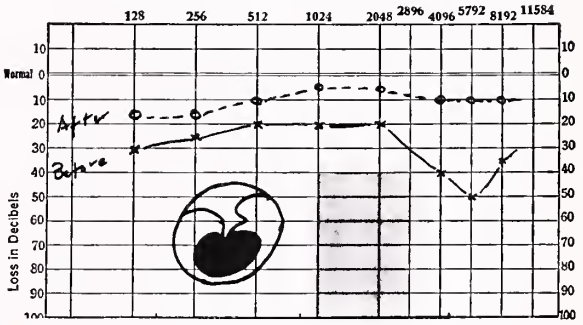


Fig. 1 (Case 1)—Audiogram showing improvement of hearing.

He also had a mild allergy to house dust and molds. He was kept on antihistamines and dust therapy was instituted. After two treatments the ear was dry and Linn treatment was begun. After thirteen weekly treatments, the perforation was closed. An audiogram taken on July 5, 1951 revealed a moderate improvement in the hearing of that ear. To date, he has had no recurrence.

Case 2.—Mrs. G. E., a 35 year old white woman, was seen on February 3, 1954, referred by Dr. D. Depp, who had discovered a large perforation in her left ear drum on a routine physical examination. Examination revealed the scar of a large healed central perforation in the right ear. In the left ear, there was a very large dry central

[4] Stinson, W. D.: Closure of Perforations of Membrana Tympanica with Cargile's Membrane, Ann. Otol., Rhinol., Laryngol. 50:178 (Mar.) 1941.

[5] Dunlap, A. M., and Schuknecht, H. F.: Closure of Perforations of the Tympanic Membrane, Laryngoscope 57:479 (July) 1947.

[6] Hall, A.: Prosthesis Treatment and Its Healing Effect on Central Perforations of the Tympanic Membrane, Acta Oto-laryngol. 39:136 (June) 1951.

[7] Linn, E. G.: Closure of Tympanic Membrane Perforations, Eye, Ear, Nose, and Throat Monthly 23:185 (May) 1944.

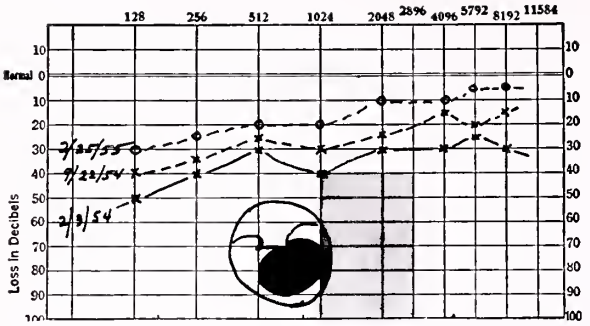


FIG. 2 (Case 2)—Audiogram showing improvement of hearing.

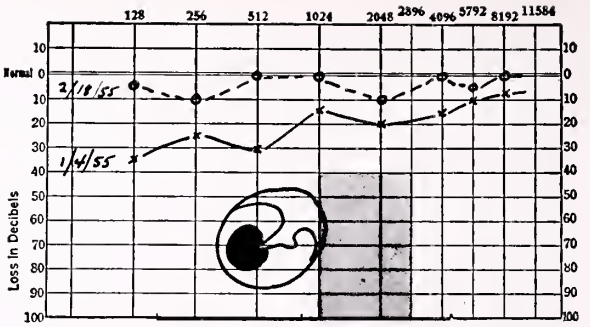


FIG. 4 (Case 4)—Audiogram showing improvement of hearing.

perforation. An audiogram revealed a typical conductive type of hearing loss (Fig. 2).

Linn treatment was instituted. During the course of treatment, she developed an external otitis of the left ear, an acute otitis media and an allergic dermatitis of the external canal. However, by changing the drugs used, the perforation was finally closed on September 24, 1954. An audiogram taken then revealed a slight improvement in hearing but a repeat audiogram on February 25, 1955 revealed a marked improvement. The perforation in the left ear has healed perfectly and it is impossible to differentiate the healed perforation from the rest of the tympanic membrane. On the contrary, in the right ear, the healed portion is very thin and flaccid and is easily distinguished from the rest of the drum. This case illustrates the complications that may occur during the treatment and the fact that this should not discourage the physician.

CASE 3.—C. P., a 16 year old Chinese boy, was first seen on June 17, 1949. His chief complaint was a chronic discharge from both ears since childhood, and inability to hear well. He was referred in for advice regarding a hearing aid. Examination of the right ear revealed a complete destruction of the pars tensa with cholesteatomatous material in the middle ear, and a foul purulent discharge. In the left ear, there was a large perforation of the pars tensa with a thin layer of drum membrane surrounding the perforation. There was much granulation tissue in the middle ear. An audiogram revealed a moderate conductive type of hearing loss in both ears (Fig. 3). An x-ray revealed a sclerosis of both mastoids. The degree of hearing loss was sufficient to classify this boy as being hard of hearing.

After a prolonged period of treatment, the left ear became dry and the perforation was closed. On July 28,

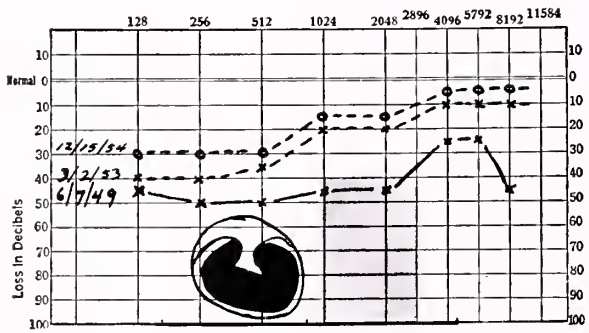


FIG. 3 (Case 3)—Audiogram showing improvement of hearing.

1953, an audiogram revealed a slight improvement in hearing. The left ear has been catheterized periodically and an audiogram on February 14, 1954 shows a marked improvement of the hearing in his left ear up to the practical level of hearing. He is now able to do his school work without a hearing aid. This case required the longest treatment of all my cases, but the result justified all the time and effort.

CASE 4.—Mr. W. C., a 36 year old Chinese man, was first seen on January 1, 1955 at St. Francis Hospital with the story that the night before, someone had exploded a giant firecracker near his right face. There was a sudden sharp pain in his right ear followed by a loud ringing in the ear and a diminished sense of hearing in that ear. Examination revealed a typical traumatic perforation of the ear drum. An audiogram revealed a slight conduction type of deafness (Fig. 4). He was given the usual treatment for a traumatic perforation and was advised that the perforation would heal by itself. However, he returned a month later complaining of the annoying tinnitus and a diminished hearing in that ear (Fig. 4). Examination at this time revealed the same perforation which showed no signs of regeneration. Linn treatment was instituted and in two weeks, the drum had healed, the annoying tinnitus had disappeared and the hearing was practically back to normal. This case illustrates the fact that annoying tinnitus is sometimes relieved by the closure of a perforated ear drum and also that recent perforations are easy to close.

Results

To date, I have treated 47 cases of perforation of the ear drum. Thirty-four of these cases were carried to a definite conclusion. Of these, 31 or 85% were successfully closed and four were considered as failures. Nine cases are still under active treatment. In three cases, the treatment was discontinued by the patients for one reason or another.

There were three cases of recurrence of the perforations after successful closure. All of these recurrent perforations were again successfully closed.

Summary and Conclusion

The greater majority of central perforations of the ear drum can be successfully closed by treatment. By use of the Linn's technique, a successful closure of eight out of ten cases of central perforations can be expected.

52 South Vineyard Street.

PROSTATIC CARCINOMA AND ACID PHOSPHATASE

JOSEPH H. IWANO, M.D., Honolulu

THE PHOSPHATASES are enzymes which act as catalysts in breaking off the phosphate radical from organic phosphate compounds. They are found universally in nature, in both the plant and the animal kingdom. Their activity is measured by allowing the enzyme to catalyze the breakdown of a phosphate compound. If this reaction takes place in an alkaline medium, it is the phosphatase which we know as alkaline phosphatase that initiates the breakdown; and if in an acid environment, it is the acid phosphatase which is active.



DR. IWANO

We know that the prostate gland is rich in acid phosphatase. However, as long as the prostate is confined by its normal anatomic barriers, whether the gland is benign or malignant, only minute amounts of the enzyme enter the blood. But when the barriers are broken, as happens when there is carcinoma with metastasis, then large amounts of the phosphatase may enter the circulation. About 70% of all persons with metastatic carcinoma of the prostate show this elevation.

This laboratory test may be of use clinically in:

1. Evaluating operability. If the AP is elevated, usually there are metastases present and the patient is presumed inoperable.
2. Differentiating prostatic carcinoma metastases to the bone from other lesions, notably Paget's disease of the bone.

There are several erroneous conceptions which some clinicians have about phosphatase. First it is not found exclusively in prostatic tissue but everywhere in the body. It is present in the adrenal glands, gall bladder bile, intestinal tissue, kidney, liver, pancreas, red blood cells, spleen and thyroid,[1] although by far the highest concentration is in the prostate. Of special significance is that next to the prostate the red blood cells have the highest concentration of the enzyme.

Another source of confusion arises from the number of laboratory methods used in determining acid phosphatase activity, each with its own system of units. By far the two most popular units used today are the Bodansky and King-Armstrong units. Generally in the Bodansky system normal is 0 through 1.0; in the King-Armstrong, 0 to 3 is normal, 3 to 5 is suspicious and above 5 is abnormal.

Another item of interest is that there are several different types of acid phosphatase. In the blood there are at least two types in addition to that of the prostate, one found in the serum, the other in the red blood cells. Formaldehyde destroys the acid phosphatase of red cells completely but that of the prostate is unharmed. Abul-Fadl and King[1] modified the King-Armstrong technique by adding formaldehyde, thereby diminishing the chance of false positives from hemolysis of red blood cells.

When the picture of carcinoma of the prostate with metastases is clear-cut, one is not surprised if an elevated acid phosphatase is reported. However, when occasionally you are confronted with a patient with a normal feeling prostate and with no signs, symptoms, or x-ray evidence of metastases, but with an elevated acid phosphatase, then some confusion may arise. Diagnosing carcinoma of the prostate on the basis of an elevated acid phosphatase alone often turns out to be embarrassing.

Case Reports

CASE 1.—A 76 year old Negro was admitted to the medical service of McGuire V. A. Hospital, Richmond, Virginia, complaining of failing health of one year's duration, manifested by abdominal pain, weight loss, weakness and indigestion. Examination revealed a poorly nourished man appearing chronically ill. Positive findings included a firm nodular mass in the left supraclavicular space and a tender mass in the RUQ of his abdomen. The prostate was small and felt benign. Chest x-rays revealed metastatic nodules in the lungs.

The urology department was requested to see the patient because of elevated phosphatase determinations of 3.4 B. U. and 7.5 B. U. In the words of the medical resident's progress note, "This, of course, is diagnostic." After reviewing the chart and x-rays and examining the patient, we, including our consultant, disagreed with the diagnosis of prostatic carcinoma. The patient expired not long thereafter. Autopsy revealed carcinoma of the stomach with widespread metastases. The prostate was found to be normal.

Read before the ninety-ninth annual meeting of the Hawaii Medical Association, May 6, 1955.

[1] Abul-Fadl, M A. M., and King, E. J.: Inhibition of Acid Phosphatase by Formaldehyde and Its Clinical Application for Determination of Serum Acid Phosphatases, J. Clin. Path. 1:80 (February), 1948.

CASE 2.—A 62 year old white man was admitted to the medical service of McGuire V. A. Hospital on July 17, 1951, complaining of intermittent abdominal pain, headaches, dizziness, urinary frequency and nocturia. Blood pressure was 218/120. The prostate was not remarkable. A week after admission, the medical department requested a transfer of this patient to urology for investigation for carcinoma of the prostate. An acid phosphatase of 10.2 B. U. had been reported. A complete investigation revealed no evidence of prostatic carcinoma and a repeat acid phosphatase was 0.1 B. U. This patient returned to the hospital 2½ years later with a coronary thrombosis. Palpation of the prostate demonstrated a normal gland and acid phosphatase was 0.5 B. U.

Sources of Error

There are several factors other than metastatic carcinoma of the prostate which may elevate acid phosphatase. Trauma may do it. In an experiment the prostates of 20 patients were massaged.[2] The AP rose above the original levels in 17 of the 20 and in four reached carcinoma levels. In twenty-four hours they were all back to normal. It has been shown that even routine digital examination of the prostate can cause a significant elevation.[3]

Stewart, Sweetser and Delory[4] reported a remarkable case in which the acid phosphatase levels were 124 and 172 King-Armstrong units on a man who had been catheterized with a steel catheter. Study of the gland removed by suprapubic enucleation revealed recent red infarcts in a benignly enlarged gland. Postoperatively the acid phosphatase was at normal levels. It has been estimated that a mere half cubic centimeter of prostatic fluid escaping into the blood stream can raise acid phosphatase activity above normal.

Hemolysis is another source of error. Arner and Swedin[5] found that totally hemolyzed blood shows acid phosphatase activity of up to 40 Buch and Buch units, equivalent to 160 K-A units. They believe that hemolysis is the greatest source of error. They also report abnormal acid phosphatase elevation in 6% of 94 patients with normal prostates and in 6% of 309 with benign prostatic hypertrophy.

Burgess and Evans[6] also warn of the necessity of great caution in using acid phosphatase for diagnosing prostatic carcinoma. The range of acid phosphatase on 33 patients with benign prostatic hypertrophy was 0.3 to 7.2 K-A units. In 11 patients with carcinoma of prostate with and without metastases, excluding two of the highest figures, the range of 0.6 to 7.1 would be practically identical with the first group.

Certain disease may also cause abnormal acid phosphatase readings. Gutman, Gutman and Robinson[7] reported 19% of 32 patients with Paget's disease had elevated acid phosphatase. The elevations, however, were found only in the far advanced cases. Abdul-Fadl and King[1] demonstrated significant acid phosphatase elevation in 26% of 23 patients with benign prostatic hypertrophy, 7% of 15 patients with Paget's disease, 13% of 38 with liver disease.

Summary

In summary, we can say that a diagnosis of carcinoma of the prostate should not be made on the basis of an elevated acid phosphatase alone. Several factors have been shown to produce an elevated acid phosphatase besides metastasizing carcinoma of the prostate. These are:

1. Hemolysis of red blood cells. Totally hemolyzed blood has acid phosphatase activity of up to an equivalent of 160 K-A units.
2. Trauma, catheterization, prostatic massage and even routine digital examination.
3. Various diseases, among which are benign prostatic hypertrophy, liver disease, Paget's disease of the bone.
4. Error in laboratory technique. This goes without saying as laboratory technicians are human and therefore fallible.

[2] Hock, E., and Tessier, R. N.: Elevation of Serum Acid Phosphatase Following Prostatic Massage, J. Urol. 62:488 (October), 1949.

[3] Daniel, O., and Van Zyl, J. J.: Rise of Serum Acid Phosphatase Following Palpation of the Prostate, Lancet 1:998 (May), 1952.

[4] Stewart, C. B., Sweetser, Jr., T. H., and Delory, G. E.: A Case of Benign Prostatic Hypertrophy with Recent Infarcts and Associated High Serum Acid Phosphatase, J. Urol. 63:128 (January), 1950.

[5] Arner, O., and Swedin, B.: Determination of Acid and Alkaline Phosphatase in Blood Serum and Value of this Method of Investigation in Diagnosis of Cancer of the Prostatae, Acta Chir. Scand. 97: 135, 1948.

[6] Burgess, C. T. A., and Evans, R. W.: Serum Acid Phosphatase in the Diagnosis of Carcinoma of the Prostate, Lancet 2:790 (October), 1949.

[7] Gutman, A. B., Gutman, E. B., and Robinson, J. N.: Determination of Serum Acid Phosphatase Activity in Differentiating Skeletal Metastases Secondary to Prostatic Carcinoma from Paget's Disease of the Bone, Am. J. Cancer 38:103 (January), 1940.

1010 South King St.

VITAL RECORDS IN HAWAII

CHARLES G. BENNETT, M.A.,* AND GEORGE TOKUYAMA, B.A.,† Honolulu

THE BUREAU of Health Statistics of the Territorial Health Department is responsible for maintaining a registration system for the collection of birth, death, fetal death, marriage and divorce records throughout the Territory. The Bureau preserves these records in permanent form and furnishes certified information from them to those who need it for proving personal and property rights.



MR. BENNETT

In most countries of the world the registration of vital events and the preservation of documentation concerning them are functions of a government agency specializing in that field. In every state and territory of the United States except Massachusetts, these functions belong to the health department, owing to its need for vital statistics in public health and medical work. The reasoning is that public health agencies have the greatest stake in reliable vital statistics and, therefore, will do the best and most economical job in registration to get them. In other words, good registration is necessary for good vital statistics.

A certificate of every birth, marriage, divorce and death occurring in the Territory is filed in the Bureau of Health Statistics. In the course of time, one or more copies of a certificate pertaining to an individual may be required by him or his family. The Bureau now receives more than 40,000 requests annually for documentary information from vital records.

The Registration System

The registration of vital events in the Territory is a far-flung process involving several thousand people every year. They include registrars, physicians, midwives, undertakers, personnel of hospitals, marriage license agents, ministers, and court clerks, as well as the individuals and their families to whom the events pertain.

In 1954, the Bureau registered 16,191 births, 2,955 deaths, 793 fetal deaths, 5,362 marriages and 1,270 divorces or annulments.

Although registration has been approximately complete only in recent years, nearly a million records are now on file, some of them dating back over a hundred years. The oldest marriage records were filed in 1841; the oldest death records in 1853; and the oldest birth records in 1853.

A local registrar in each county is responsible for supervising the registration system within his area and for collecting and forwarding certificates to the Bureau of Health Statistics. In the counties of Hawaii, Kauai and Maui, the county health officer acts as the local registrar; in Honolulu, the local registrar is a full-time employee within the Bureau of Health Statistics.

Beginning in 1901, government physicians served as local registrars. In 1950, a change was made to county health officers and the Bureau of Health Statistics' employee on Oahu, thereby reducing the number of registrars from 35 to four. Since the central office can deal more easily with four officials than with a larger number, this reduction greatly simplified administration of the system. With present-day communication facilities, the reduction in number of registrars does not inconvenience the public.

The Health Department, through the Bureau of Health Statistics, also maintains agents in each county who issue marriage licenses to applicants meeting the necessary legal requirements. With the exception of one civil service employee within the Bureau, the agents are appointed by the President of the Board of Health. There are 28 of them distributed throughout the Territory.

The Uses of Vital Records

In addition to supplying certified information to individuals and families for personal use, the Bureau of Health Statistics also uses vital records to assist other agencies. For example, the Federal Bureau of Investigation and the Bureau of Internal Revenue sometimes receive assistance in searching for addresses and other information needed to locate individuals; title searching agencies are assisted by tracing genealogies; upon request, welfare agencies and the juvenile courts receive verifications of age; immigration officials obtain information regarding citizenship; newspapers get lists of current births, deaths and marriages for their columns; periodically, county clerks are furnished notices of deceased persons twenty-one years of age and over for purging voter lists; and, foreign consulates get notice of the deaths of their nationals.

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Within the Health Department, the Bureaus of Maternal and Child Health and Crippled Children receive data on congenital malformations, birth injuries, premature births and maternal deaths; the Accident Committee gets details regarding fatal accidents; the Bureau of Epidemiology receives information promptly on deaths from communicable disease; similarly, the Bureaus of Tuberculosis, Cancer and Venereal Disease Control receive data relative to their specialties.

Of equal importance with non-statistical uses enumerated above is the production of vital statistics from vital records, such as birth and death rates, tabulations showing the causes of death, the weights of infants at birth, marriage and divorce rates, etc.

The use of vital statistics in public health may be summarized by the statement that they point out health problems and measure the results of public health work. It is because of the need for them in public health that vital records are centralized in the Department of Health.

In addition to public health use, vital statistics are of great value in other fields, such as medical science, population estimating, housing programs, social security plans, studies on fertility and life insurance, and consumer research. Eventually the use of this class of statistics in public health work will probably be overshadowed by their more general use in other lines of endeavor.

Confidential Nature

Despite the very wide use of vital records, a high degree of confidentiality is maintained with regard to them. The files are not open to public inspection; applicants for certified copies must show a legitimate right to them; and statistics produced from the records never identify individuals. In the case of legitimations and adoptions, where new certificates are made out, the old ones are sealed in envelopes that can be opened only upon court order.

The Bureau frequently receives such queries as the following: "We want to know Johnny Smith's birthdate for planning a surprise party," or "I am most anxious to know what my neighbor died of last week." These are not acceptable reasons for disclosing information from vital records.

Record Forms

In cooperation with other agencies, the National Office of Vital Statistics, Public Health Service, recommends standard forms for certificates of birth, death, fetal death, marriage and divorce. States and territories use all of the items in this standard form for their own certificates, but they are not obligated to follow the same arrangement or exact wording as the standard form, and they can and do include additional information.

In the Territory of Hawaii, the law states that certificates shall contain as a minimum all items recommended in the standard form of the National Office of Vital Statistics, qualified by the provision that the Board of Health shall approve the items. Additional items desired by health and medical agencies are added and arrangement follows a unique pattern. All additional items in the birth, death and fetal death certificates are approved by committees of the Hawaii Medical Association before they are adopted.

Major items on certificate forms should be substantially the same in all areas of the country. This is desirable for the production of national vital statistics and for securing comparability of data among the states and territories. Without considerable uniformity in the content of certificate forms, we could not have national vital statistics or compare the health situation in one state with that in another. Moreover, due to the efforts of international organizations, certificate forms are becoming increasingly uniform even among various countries of the world.

Following the practice of the National Office of Vital Statistics, territorial forms are revised every ten years. Current forms were introduced in 1949 and normally the next revision would be in 1959. Due to the desirability of introducing revised forms nearer the middle of the decennial census period, it is proposed to revise the forms in 1955 for use starting in January, 1956 and every ten years thereafter.

One advantage of introducing new forms earlier is that reporting difficulties will be adjusted before the next census. Soon after new population data become available is the time when best use can be made of them in the computation of rates.

The most radical change in any certificate form will be in the medical certification of the causes of fetal death. The new certification will be similar to the certification arrangement now in use on the death certificate, with which physicians are already familiar.

It will provide a way for determining the physician's judgment as to the underlying cause and increases the possibilities for studying causes of fetal death as an integrated pattern—i.e., the relationship of maternal and fetal causes.

A second major change pertains to supplementary information related to pregnancy, labor and delivery on both the live birth and fetal death certificates. Although few new data will be requested, nearly all items will be arranged in check list form. It is believed that this will be more objective and require less effort on the part of the physician.

Birth Reporting

The attending physician or midwife must report births to the local registrar within seven days after they occur. If neither was in attendance, a parent or other person must report.

In practice, a hospital where a birth occurs assumes the responsibility for reporting it. Since more than 95% of all births occur in hospitals, this is the usual procedure.

A nurse or clerk in the hospital fills in the certificate form and gets the mother to sign it. Then the attending physician enters certain medical data and affixes his signature. Finally, the hospital sends the completed certificate to the local registrar.

If any question arises relative to items in the certificate, the registrar usually asks the hospital about it rather than the attending physician. Nevertheless, the legal responsibility for reporting a birth remains with the physician.

It was not until 1929 that birth registration became sufficiently complete in the Territory to permit its admittance to the U. S. birth registration area maintained by the Bureau of the Census. This meant that registration was at least 90% complete and that birth data from Hawaii would be included in national statistics.

In 1950, a test in connection with the decennial census indicated a completeness of more than 99%. This is better than the national average.

The requirement of a birth certificate throughout the country to show citizenship, during World War II, gave a great impetus to the completeness of registration. This and other factors have made a birth certificate the principal document an American citizen uses to prove legal facts about himself. Almost every parent knows that a baby must be registered soon after birth, not only to meet requirements of the law, but to protect the child later in life.

If a child is not registered within the legal period, the Bureau of Health Statistics can still register it any time up to one year from date of birth provided the certificate is marked "delayed" and certain documentary proofs are offered.

After one year, a birth can be registered only in the Hawaiian birth certificate section of the office of the Secretary of Hawaii. For the most part, registrations there are of older people who were born when current birth registration was less nearly complete than today.

To secure a "Hawaiian birth certificate" a magistrate's hearing may be required at which witnesses testify, or the certificate may be issued on the basis of documentary evidence.

The Territory of Hawaii is the only registration area of the United States in which birth registration duties are divided between two governmental agencies and, with the exception of Massachusetts, the only area where entire authority for birth registration is not vested in the Health Department.

Death Reporting

The undertaker, or persons acting as such, must report a death within three days to the local registrar, using the certificate form authorized by the Board of Health. The undertaker fills in personal particulars of the deceased and the attending physician certifies to the best of his knowledge the cause of death. If no regular physician was in attendance, the coroner's physician certifies the cause of death.

As soon as the local registrar receives a death certificate, he issues a burial or transit permit. It is a serious offense to dispose of a body or ship it without this permit which shows that a certificate is on file identifying the dead person and indicating the cause of death.

The medical certification form in the death certificate follows the international recommendation of the World Health Assembly made in Geneva in 1948. It has been accepted in all states and territories of this country and in many countries of the world.

Because the underlying or fundamental cause of death is basic in mortality tabulations, the most important feature of the certification form is its emphasis on the underlying cause as determined by the attending physician to the best of his knowledge and belief. Thus, the physician has a responsibility and a great opportunity to make mortality statistics reflect the true frequencies of the underlying causes of death.

Fetal Death* Reporting

The registration of all fetal deaths (stillbirths) is important not only because of the great loss of human life occurring in the prenatal and natal periods, but also on account of the relationship between fetal deaths and maternal morbidity and mortality. To minimize such deaths, medical and health agencies must know the magnitude of the problem and its causes.

The mechanism of fetal death reporting is similar to that for deaths except that a dead fetus of less than sixteen weeks of gestation requires no burial or disposal permit. The attending physician is responsible for completing the medical part of the fetal death certificate, while the undertaker or other person in charge of the body fills in other particulars and files the certificate with the local registrar.

* Conforming to recommendations of the World Health Organization, the term "fetal death" is used in place of "stillbirth."

Since registration is by no means complete, the attending physician is urged to report fetal deaths direct to the local registrar in cases where no undertaker is employed.

According to the definition generally accepted in this country, any fetal death regardless of gestation period is reportable. This definition incorporated in Territorial law is as follows:

> Fetal death is death prior to the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, that did not, after complete separation from the mother, breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord or movement of voluntary muscle.

Marriage and Divorce Reporting

The minister or other person legally authorized by the Department of Health to perform the marriage ceremony must report each marriage promptly to the local registrar. This is done by making the proper entries in a marriage certificate and sending it to the registrar.

Before marriage, the prospective bride and groom must secure a license from one of the marriage license agents. They carry this to the minister or whoever is to marry them.

Actually, the license and marriage certificate are combined in one form. Consequently, the person performing the ceremony reports the event by sending both the original license and the marriage certificate to the registrar.

Divorces and annulments are reported to the local registrar by the clerk of the circuit court in each county within ten days after decrees become final. These reports have been made only since 1951.

Certified Copies of Certificates

All original certificates are filed in the Bureau of Health Statistics. The registrars in outlying counties keep lists of events reported to them, but not complete copies. Consequently, certified copies of certificates can be obtained only in the Bureau of Health Statistics. However, the outlying counties issue free verifications of registration for school entrance and for other purposes where a certified copy is not required.

In addition to certified copies of birth, death, fetal death, marriage and divorce records, the Bureau of Health Statistics also issues birth and marriage registration cards. Containing less information than complete copies, these cards are convenient to carry for identification purposes. Since the information is certified, they are often used in place of complete certificate copies.

The Bureau also issues "verifications" of certain items on birth certificates for entrance to school and work permits. No charge is made for this service.

Except to veterans and certain government agencies, a fee of $1.00 is charged for each certified copy of a record, including birth and marriage registration cards. This makes an income sufficient to defray more than half of the Bureau's overall expenses. However, it is not used directly, but goes into the general fund of the Territory. The Bureau then operates on a budget passed by the legislature and approved by the Governor.

Summary

In addition to the production of vital statistics for use in public health work, the Bureau of Health Statistics of the Territorial Department of Health maintains a registration system for the collection of birth, death, fetal death, marriage and divorce records. Copies of these records are available to those who need them for proving personal and property rights. The Bureau receives more than 40,000 requests for them annually.

Registrars, physicians, midwives, undertakers, records personnel of hospitals, marriage license agents, ministers, and court clerks take part in the registration system. About 26,000 vital events in the Territory are registered annually.

Each vital event is registered on a certificate form. In order that the vital statistics of different areas may be comparable, all states and territories follow recommendations of the National Office of Vital Statistics with regard to the major items in certificate forms. Revised forms for births, deaths, and fetal deaths will be introduced in January, 1956.

The attending physician or midwife is responsible for reporting births to the local registrar. In practice, hospitals report more than 95% of the total.

The undertaker, or person acting as such, is responsible for reporting all deaths. Each certificate he files must contain a statement from the attending physician or coroner certifying to the best of his knowledge the cause of death.

The mechanism for fetal death (stillbirth) reporting is similar to that for deaths, except that a dead fetus of less than 16 weeks of gestation requires no burial or disposal permit from the local registrar. All fetal deaths, regardless of the length of the gestation period, should be reported.

The minister or other person legally authorized to perform the marriage ceremony reports marriages to the local registrar.

The clerk of the circuit court in each county reports divorces and annulments.

Certified copies of certificates on file in the Bureau of Health Statistics cost $1.00 each by territorial law. Free "verifications" of certain items on birth certifications are issued for school entrance and for securing work permits.

DEATH, DISEASE, AND DISTANCE FROM DOWNTOWN

ROBERT C. SCHMITT, M.A.,* Honolulu

THIS STUDY presents a brief zonal analysis of recent mortality and morbidity data for the city of Honolulu. The twenty-nine Honolulu census tracts were grouped into four categories on the basis of driving distance to the heart of the central business district, assumed to be at the intersection of South King and Fort Streets. Various death and disease rates were then computed for the four concentric zones thus defined.

This is apparently the first analysis of geographic gradients in Honolulu health rates, although similar studies have been made in many mainland cities. A recent review by Quinn, for example, summarizes numerous studies of this kind, ranging from mental disorders to diabetes, and from infant mortality to suicide.[1] Only recently, however, have small-area statistics for morbidity and mortality in Hawaii become available,[2] thereby permitting the zonal analysis reported in the present paper.

The six measures of death and disease gradients used in this study were as follows:

1. Average annual civilian deaths, 1948-1952, per 1,000 civilian population, 1950;

2. Deaths under one year per 1,000 live births, 1948-1952;

3. Average annual civilian suicides, 1948-1952, per 1,000 civilians 14 years of age and over, 1950;

4. Average annual new civilian tuberculosis cases reported to the Territorial Department of Health, 1948-1952, per 1,000 civilian population, 1950;

5. Average annual new civilian venereal disease cases reported to the Territorial Department of Health, 1950-1952, per 1,000 civilians 14 years of age and over, 1950[3]; and,

6. Average annual civilian non-institutional first admissions to Territorial (mental) Hospital, 1948-1952, per 1,000 non-institutional civilian population, 1950.[4]

All rates were based on data reported by place of residence.

Data for the four concentric zones revealed a definite gradient pattern in most instances. All six series of rates, for example, were highest in the innermost zone, the area within 1.5 miles of the central business district. Rates for zones beyond this core tended to fall off rapidly, although not with any great degree of consistency. Even the mental hospital rates, most uniform of the six series, were somewhat higher for the second zone than for the third. Infant mortality, least regular of the six indices, was lower in the second zone than in either of the two outer zones. Nevertheless, these data conclusively demonstrate a tendency of morbidity and mortality to decline with distance from the Honolulu central business district.



MR. SCHMITT

It naturally follows that the diseased or dying in Honolulu typically live nearer the heart of town than do the well and living. This conclusion is given verification by median distances computed for each class of mortality or morbidity and for the general population with which each is compared. The greatest contrast in this respect was that between venereal disease cases, at a median distance of only 1.5 miles from the intersection of South King and Fort Streets, and the total civilian population 14 and over, at a median distance of 2.7 miles. The smallest difference was that between infant deaths (at 2.8 miles) and all live births (at 2.9). Other medians lay intermediate to the preceding examples; half of all suicides, for example, resided within 2.3 miles of the heart of downtown Honolulu, whereas half of the general population (that is, civilians 14 and over) lived at least 2.7 miles from Fort and King.

The foregoing rates and medians suggest that a high degree of correlation exists between death or disease rates and the various other characteristics commonly associated with proximity to the

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[1] Quinn, J. A.: Human Ecology. New York, Prentice-Hall, Inc., 1950, pp. 515-525 and 532-535.

[2] Honolulu Redevelopment Agency: Bibliography of Oahu Census Tract Studies. Honolulu Redevelopment Research, No. 10, May 24, 1954.

[3] Data for the foregoing rates were supplied by the Territorial Department of Health and reported in Schmitt, R. C.: Housing, Health, and Social Breakdown on Oahu: a Study of Census Tract Statistics. Honolulu, Honolulu Redevelopment Agency, September, 1954.

[4] *Ibid.* See also Schmitt, R. C., and Lee, H. K.: The Geographical Distribution of Mental Disorders on Oahu. HAWAII MED. J. 14:414 (May-June) 1955.

TABLE 1.—*Ecological Analysis of Selected Measures of Mortality and Morbidity, for the City of Honolulu: 1948-1952.*

SUBJECT	TOTAL DEATHS	INFANT DEATHS	SUICIDES	TUBERCULOSIS CASES	VENEREAL DISEASE CASES	TERRITORIAL HOSPITAL ADMISSIONS
Annual rates,[1] by distance from Fort and King Streets						
The city	5.9	24.1	0.13	1.3	2.2	0.81
Under 1.5 miles	7.4	27.3	0.17	1.9	4.4	1.22
1.5 to 2.9 miles	5.6	23.0	0.14	1.3	1.8	0.72
3.0 to 4.4 miles	5.1	23.4	0.09	0.9	1.0	0.77
4.5 miles and over	5.5	23.4	0.11	1.0	1.2	0.57
Median residential distance (in miles) from Fort and King Sts.						
Base population[1]	2.7	2.9	2.7	2.7	2.7	2.7
Deaths and morbidity cases	2.5	2.8	2.3	2.2	1.5	2.2
Coefficients of correlation (r) with related housing variables[2]						
Dilapidation	.463	.248	.374	.726	.597	.529
Overcrowding	.556	.322	.320	.639	.625	.514

[1] For base used in computing rates, see text.

[2] Based on data for the 42 Oahu census tracts.

Source: Computed or quoted from Schmitt, R. C.: Housing, Health, and Social Breakdown on Oahu: a Study of Census Tract Statistics. Honolulu, Honolulu Redevelopment Agency, September, 1954, pp. 43, 46-48, 50-52, and 68.

central business district, such as congestion and overcrowding, mixture of land uses, old and run-down housing, noise, industrial smells, and similar environmental problems. Two such variables have already been correlated with morbidity and mortality, using data for all forty-two Oahu census tracts: dilapidation of dwelling units, and overcrowding of units (the latter measured by the percentage of units with 1.51 or more persons per room). In all cases, positive coefficients of correlation were found, ranging from 0.248 (between infant mortality and dilapidation) to 0.726 (between tuberculosis cases and dilapidation). Comparable analyses should be made for other potentially significant items.

The rates, medians, and correlation coefficients described in the above paragraphs are given in full in the accompanying table.

It thus appears that death and disease rates exhibit the same gradient pattern in Honolulu as in many mainland cities. Rates are high close to the downtown area and low near the urban periphery. Persons who are ill or dying typically reside relatively close to the center of the city. These simple facts imply a good deal with respect to alleviation and control of such public health problems. They also underscore the need for close cooperation among municipal administrators, city planners, urban redevelopment officials, welfare workers, public health authorities, and private physicians, in order to combat the multiple problems of death and disease in a large urban area like Honolulu.



CLARENCE E. FRONK, M.D.

The President's Page

These are the highlights of your committee's work and thoughts to date relative to the Centennial Celebration of the Hawaii Medical Association to be held April 22-29, 1956.

Committee personnel: Dr. N. P. Larsen, chairman; Drs. Fronk, R. B. Faus, F. Lam, Gaspar, Withington, R. K. C. Lee, Uyeno, Quisenberry, Durant, Felix, Nishigaya, assisted by Drs. Arnold, Jr., Civin, Izumi, Boyden, and Moore; Mrs. Liljestrand and Mrs. Bennett. This committee has been meeting at frequent intervals, and I feel that their progress has been entirely satisfactory.

Convention headquarters: Reef Hotel.

The Scientific Program Committee, under the chairmanship of Dr. Civin, has announced its tentative plans. Monday and Tuesday mornings will be devoted to scientific breakfast sessions at the Reef Hotel at which some of our outstanding guests will be panel participants. Questions from the floor will be answered by the panel experts.

Pageant: Tuesday evening there will be a dramatic and fast-moving presentation of 100 years of medicine in Hawaii at the McKinley High School Auditorium. Proper seating arrangements will be made for registered guests and their families.

Scientific session: Friday evening scientific session will include the presidential address and papers by island doctors.

Arrivals: Doctors and their families from the mainland will be arriving Saturday and Sunday, April 21 and 22.

Cocktail party: On Sunday afternoon there will be a no-host cocktail party at the Reef in order that our island doctors and their wives may meet our visiting guests.

Luau, Golf, Picnics: Thursday evening there will be a special luau at the Queen's Surf. The Sunday morning golf tournament will take place at Waialae with Dr. Gaspar as chairman. There will be two Sunday picnics, one for the doctors and another for wives and children.

Other plans include special programs at the Academy of Arts, the Bishop Museum, the Sugar Planters' Experiment Station, a Pearl Harbor tour, a house and garden tour, deep-sea fishing, etc.

Governor King has agreed to proclaim April 22-29 as Medical Centennial Week.

How can you best help? First, pass on to any member of the committee your ideas of what you believe would make the meeting an outstanding success. Second, send personal letters of invitation to all of your mainland medical friends.

Clarence E. Fronk

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[EDITORIALS]

Salk Poliomyelitis Vaccine

Salk polio vaccine is now known to be both effective and safe. Only two lots of one brand were followed by more than the *expected chance incidence* of polio—and it is now known that this resulted from failure to increase precautionary tests in proportion to the increase in the size of the vaccine production procedure. These tests have now been revised, as follows:

ORIGINAL	REVISED
Single strain pool	
1. Test 1 ml per liter.	1. Test at least 500 ml per pool.
2. One negative test.	2. Two consecutive negative tests.
3. Reheating unrestricted.	3. Reheat only once followed by two consecutive negative tests 3 days apart.
Trivalent pool	
1. Test 1 ml per liter.	1. Test at least 1500 ml per pool.
2. Reheating unrestricted.	2. No reheating allowed.
Final container	
1. Not tested for live virus.	1. Random samples tested.

So, though Salk vaccine probably isn't the last word in poliomyelitis vaccines, it is good, and it is *safe*—far safer (even in Hawaii) than waiting for the disease itself.

There are contraindications—the usual ones, of not giving the vaccine during an acute illness, or even during minor illness which might be due to clinical poliomyelitis. It should also be withheld from household contacts of recent cases of poliomyelitis, since they are probably already infected.

Pregnancy is, paradoxically, a strong indication for giving the vaccine, since pregnant women are roughly twice as susceptible to paralytic poliomyelitis as non-pregnant women of the same age.

Tonsillectomy and adenoidectomy, if contemplated, should be done after poliomyelitis vaccination rather than shortly before it.

Rh sensitivity cannot be produced by the vaccine, nor are any other reactions—except the trivial ones incident to any injection—to be expected. Mild skin sensitivity reactions to the antibiotics (penicillin and streptomycin) have been encountered only very rarely.

The basic immunizing doses, given two to four weeks apart, give a fair level of immunity within two more weeks, which is *not* enhanced by a third dose until seven more months have elapsed. Then this third dose causes a sharp rise in antibody titer within about nine days.

Problems now under consideration in regard to the vaccine are:

1. How many years will vaccine-conferred immunity to paralytic disease last?
2. Are there other strains of polio virus as antigenic as, but less pathogenic than, those now in use?
3. Might stable strains of attenuated virus be found, which could be used as live virus vaccines, as is done with smallpox?
4. Could the vaccine be concentrated in order to facilitate safety testing?
5. Could some more readily available source of tissue for cultures be found, than monkeys imported from India?
6. Is there a better method of killing the virus than with formaldehyde?

There has been a lot of criticism of the deplorably theatrical method of announcing the success of the field trials of the Salk vaccine. If all had gone well after that, however, very few brickbats would have been thrown. It is high time to stop browbeating the N.F.I.P. and to recognize that they provided the funds and a lot of the in-

centive for an unprecedentedly rapid and effective attack on poliomyelitis. The disease was already uncommon; in a few more years it may be downright rare.

Residence and the Board Exams

The assumption that a law means what it plainly says may be pernicious over-simplification, according to U. S. Supreme Court Justice Felix Frankfurter. Nevertheless, Deputy Attorney General Wadsworth Yee has just officially made such an assumption with regard to the Medical Practice Act of the Territory of Hawaii, and the Territorial Board of Medical Examiners will be bound to require candidates for medical licensure here to comply with Mr. Yee's interpretation.

"Before any applicant shall be eligible for such examination," says the Act, "he shall have furnished proof . . . that he . . . has been a resident of the Territory for at least one year. . . ." Now the examinations cannot of course be given every week, or even every month; they are actually given twice a year. A non-resident prospective candidate for examination and licensure may, however, begin establishing his legal residence at any time. If he happens to begin it just after a session of examinations, he will complete it just after the corresponding session the following year, and will have almost six months to wait before the examinations are given again. Clearly, this discriminates against him and in favor of a more fortunate candidate, who completed his residence requirement a few days earlier, just in time to be examined.

A previous opinion from the Attorney General's office, handed down in 1945, held that the examinations could be given at any time during the year residence was being acquired, and the license issued after completion of the residence requirement. It seeems obvious that this ruling, unlike the recent one, was in accord with the law's intention to require the same length of residence of all candidates, rather than a year for some and eighteen months for others. It looks as if Justice Frankfurter was right on the *kini popo*. A law *doesn't* necessarily mean what it says. This one certainly needs to be changed.

Do Hospitals Practice Medicine?

An Iowa District Court is currently trying to decide the answer to this question. The answer depends on whether radiologists and pathologists employed by hospitals are practicing medicine or not. If they are, hospitals which employ them are violating the law against practice of medicine by corporations—which, being soulless, are presumed by the law to be incapable of practicing any profession. Hearings in the Iowa court began last summer, and were resumed September 15. They may have ended by now.

Whatever this court's decision may have been, we think it is clear, on the face of it, that radiologists and pathologists engaged in the pursuit of their specialty *are* practicing medicine. The practice is largely consultative, it is true; but even if it were exclusively so, it would still be the practice of medicine. Their diagnoses are not always final —they may be modified by the physician in charge of the case—but they frequently *are* conclusive, and indeed are generally assigned greater validity than is given to the clinical impression. It is pure casuistry to say, as Dr. Charles LeTourneau did in his testimony, that they do not make diagnoses, but merely report factual observations to be used in arriving at a bedside diagnosis. They *do* make diagnoses, and they *do* practice medicine.

If we are to be completely consistent, we should insist on the remuneration of these specialists in the same manner as that provided for other medical practitioners—by Blue Shield rather than Blue Cross. In any event they should not be paid a salary by the hospital where they work; they should either lease the premises from the hospital and provide the equipment, or operate them and the hospital's equipment on a percentage basis. Otherwise, the hospital becomes a corporation illegally (in most states, including Hawaii) engaged in the practice of medicine.

Income Tax (Shudder!) Returns

The first of two instalments of an article on income tax pitfalls, by a lawyer with special experience in this field, appears elsewhere in this issue. It was not submitted exclusively to us, but to all the state medical journals, and will probably be widely published. We accepted it on this unusual basis because we thought it was worth bringing to your attention before you get around to the chore, next April, of preparing your 1955 report to the Bureau of Internal Revenue.

Prevention of Rheumatic Fever

The American Heart Association is spending a great deal of time and effort to inform the medical profession of the latest advances in the prevention of rheumatic fever. The Association has directly contacted 100,000 practicing physicians, and through editorials in many professional journals, including the April 9, 1955, issue of the *Journal of the American Medical Association,* has outlined the steps for antibiotic prophylaxis of recurrent rheumatic fever.

They emphasize that once the precise diagnosis is made, all patients with previous rheumatic fever should be on antibiotic therapy throughout life or until new knowledge makes such a procedure unnecessary. A new benzathine penicillin G, which will give a satisfactory blood level for many hours when taken by mouth, has been suggested unless the patient has a penicillin sensitivity.

The writer, in agreement with several local internists, feels that adults over the age of 30, who have had no recurrent rheumatic fever in the previous five years, might not need continuous antibiotics, but should take them promptly at the onset of a respiratory infection or prior to dental work or any surgical procedure.

Further information regarding this subject may be obtained from the Hawaii Heart Association, 1018 Lunalilo Street, Honolulu 14, Hawaii. Mrs. Rebecca T. Clark, formerly with the Social Service Department of The Queen's Hospital, is the new Executive Director.

ALFRED S. HARTWELL, M.D.

Loans From Sears-Roebuck

Doctors who wish to locate in small or medium-sized towns, or rural or growing communities where more medical care is needed, have been extended a generous helping hand by Sears-Roebuck and Company. Five unsecured $25,000 loans will be made in 1955 to finance such enterprises, one in each of five geographic regions of the U.S.A.

Further help to such physicians is offered in a beautifully printed 84-page loose-leaf book published by the A.M.A. and financed by Sears-Roebuck, which contains detailed advice about the planning of small office facilities. Topography, locations, parking facilities, building size and shape, room arrangements—every aspect of office construction is discussed in detail, with an abundance of eye-arresting explanatory diagrams.

Copies of this booklet are available for borrowing at the office of the Hawaii Medical Association in the Mabel Smyth Memorial Building. Ask Mrs. Bennett (telephone 5-6893) for them if you're interested.

Meanwhile, applications for loans, if anyone thinks he might be entitled to one, should be made to "Director, Sears-Roebuck Board, 2650 Olympia Boulevard, Los Angeles 54." The Pacific Coast representative on the seven-man Medical Advisory Board set up to review applications is Dr. Eugene F. Hoffman, of Los Angeles. Do not apply until you have exhausted local financing possibilities, however.

This is a fine public service that Sears-Roebuck is rendering, and we hope it does them more good than they expect it to. We even hope it does them as much good as they deserve. Cheers, Sears!

Ciba's *Medical News*

A semi-monthly eight-page medical newspaper entitled *Medical News,* sent to doctors free of charge by its publishers, the Ciba Pharmaceutical Company, began publication on September 12, 1955.

Judging from the first issue, this is going to be worth reading. Only 109 of its nearly 700 column inches are devoted to advertisements (Ciba's, naturally). There are plenty of illustrations. And the articles are timely, informative, and well written.

The U.S.A. can use a publication of this sort; the publishing schedules of its medical journals generally run from two to six months behind the date of preparation of the material. Such journalistic speed as the *Lancet's,* for instance—where letters of comment appear the week after the article to which they refer—is unknown in this country.

Congratulations, Ciba!

YOUR BIGGEST BARGAIN . . .

Years ago, practically all that a prescription could do was to alleviate the patient's pains and make him a little more comfortable—while nature did a slow job of curing the ailment. But today's prescription, containing wonder drugs completely unknown years ago, cures the ailment in hours, not weeks . . . keeps the patient out of the hospital or gets him out after only a few days . . . and puts him back on his feet in a hurry. That's why we say:

TODAY'S PRESCRIPTION IS THE BIGGEST BARGAIN IN HISTORY. . . .



CLINTON D. SUMMERS
PRESCRIPTION • PHARMACISTS
PHONES 66 0 44 68-8-65
THIRD FLOOR YOUNG BUILDING HONOLULU HAWAII

"Integrity — an ingredient in every prescription"

This is What's New!

The injection of six hundred thousand units of **benzathine penicillin** deeply into a convenient muscle is precisely the thing to do for **group A streptococcal** infections. This nearly always prevents the first attack of rheumatic fever and may cut in half the incidence of acute nephritis. (*Annals of Internal Medicine,* September, 1955.)

The editor of the *Canadian Medical Journal* observes with no little pleasure that the New York Academy of Science has recently held a symposium on **tea.** The good Canadian quotes the well-known fact that the British Army in World War II marched not upon its stomach but upon innumerable cups of tea. After summarizing the therapeutic effect of tea and the tea-drinking ritual, he reads that one of the symposium members concludes his report with the rather discouraging note that the modern American has lost the art of being relaxed while fully conscious, and socially accepted by people who are quite sober. (*The Canadian Medical Association Journal,* September 1, 1955.)

Flipping a coin is just about as good a way of verifying a clinical diagnosis of **cerebral atrophy** as is the **electroencephalogram.** One hundred cases of cerebral atrophy confirmed by pneumoencephalogram had EEG studies. In 51 of the cases, abnormal tracings were obtained. (*The American Journal of the Medical Sciences,* August, 1955.)

Before he has ruled out all diagnostic possibilities, the meticulous physician will ask himself the question, "Have I really excluded **pseudo-pseudohypoparathyroidism?**" Psuedohypoparathyroidism is clinically and chemically similar to hypoparathyroidism, differing only in that there is apparently no parathyroid deficiency. Pseudo-pseudohypoparathyroidism (if you are still with us) merely looks like pseudohypoparathyroidism. At any rate, two cases have now been reported. (*The Journal of Clinical Endocrinology and Metabolism,* August, 1955.)

The ideal **skin diver,** according to a medical consultant to a school of deep sea diving, is a young, slender individual with good vision and no nervous tendencies. Included in the consultant's differential diagnosis for diving diseases are: **caisson disease, air embolism,** asphyxia due to **carbon dioxide poisoning** or **drowning, carbon monoxide poisoning** (carbon monoxide apparently is a contaminant of some compressed air supplies), and **oxygen poisoning.** One is inclined to leave skin diving to the sharks and stick to golf. (*Journal of the American Medical Association,* September 3, 1955.)

A neurophysiologist has neurotics building castles in the air, psychotics living in them, with psychiatrists charging both of them rent while the biologist tries to supply the pilings down to earth. This biologist, with some facts and much speculation, suggests that the **psychoses** may be due to genetically carried biochemical defects, in contrast to the **neuroses,** where the pathology may result from unfortunate relations of the individual to his environment rather than to his ancestors. (*Science,* August 5, 1955.)

Adsorption of corticotropin on zinc hydroxide may prolong the action of this drug. An effect for from one to three days can be observed after a single injection. As yet no reports have appeared to indicate that **corticotropin zinc** is effective over a longer period of time than corticotropin gel. (*Organon Inc.*).

Seven diabetics in Little Rock, Arkansas, have had total **adrenalectomy** in an attempt to improve control of the **diabetes** or arrest the degenerative vascular disease complicating the diabetes. There were no surgical deaths, but the response to the procedure was rather discouraging. (*The Journal of Urology,* July, 1955.)

The records of 52 Mayo Clinic patients with **hepatic coma** were reviewed. All but 5 died. There was practically no correlation between the clinical or laboratory evidence of severe hepatic dysfunction, and the development of coma. Even jaundice was absent in one case with hepatic coma. Management involves enthusiasm for minute detail and considerable optimism. (*Gastroenterology,* August, 1955.)

FRED I. GILBERT, JR., M.D.

Perhaps It's Your Nerves

Symptom Denial

Every physician has found frequent difficulty in eliciting an accurate history from his patients. He even finds important and incapacitating symptoms minimized or omitted from the story. He has much difficulty in getting these patients to view their illnesses and their treatment from an appropriate and useful point of view.

The problem often revolves around an overemotional, hypochondriacal attitude which magnifies and multiplies symptoms as well as incapacity. On the other hand, a more insidious and hard-to-understand problem for the physician is that of partial or complete symptom *denial.* This interferes with both diagnosis and management of many cases.

Subjectively, every person is prone to deny the commonly accepted aspects of "things as they are" and to reconstruct the universe in his fancy as he would like it to be. The first step in this common process is the psychological mechanism of "denial." The extent and frequency with which this mechanism is used differs only in degree in normals and neurotics. Although this is a daily part of our unconscious mental activity, it frequently poses a problem to the busy physician.

This mechanism of denial may manifest itself as "non-recognition of physical or mental disease." Just as the walling-off of diseased tissue in an abscess cavity is a protective process, so also is the "walling-off" of an idea to protect the personality against unbearable stress or anxiety.

Typical and extreme examples of this phenomenon are seen in denial of hemiplegia, denial of blindness, loss of interest and attention in homonymous hemianopia, certain types of phantom limb, and many others. Some of these dramatic syndromes occur in conjunction with serious organic brain deficit, but recent findings show that the denial is primarily due to emotional causes rather than brain injury alone. Another term for this symptom picture is anosognosia.

Less obvious than these classics are the problems that arise in conjunction with almost any other physical or mental disorder. In the management of tuberculosis, the mechanism of denial is very familiar. Patients may refuse to give accurate histories of themselves and their families, and avoid facing the seriousness of the illness. This is not "plain ignorance" or "stupidity" as a rule, but an active attempt to decrease the fear connected with the dread disease. This is done by unconsciously and consciously either avoiding recognition of the disease or symptom on a perceptual level, or by avoiding recognition of the dangers inherent in the disorder.

The same phenomenon is seen in diabetes, hypertension, coronary artery disease, alcoholism, advanced carcinomatosis, mental illness, and many, many others. Such patients will not follow treatment regimens because it means admitting the fact of their actual serious incapacity. To some people, the idea and *psychic* pain of facing impending death or severe handicap is less bearable than the *physical* pain which follows not cooperating with treatment.

To the perceptive physician, denial of illness is quickly apparent. This finding is an indicator of an intolerable psychic threat to the patient. This realization means that the patient will require closer supervision and much more emotional support and patience than most. It shows that he is deeply afraid of his illness and of "facing facts" about himself. In this type of personality, the greater the threat the more marked will be the denial. It may even shade over into falsification and confabulation.

The doctor must work patiently, firmly and kindly to help this type of person gain a more realistic acceptance of his illness, treatment and outlook. His interests will be better served in the long run.

ROBERT A. KIMMICH, M.D.

Bureau of Medical Economics

A Two-year Report

No Red Ink This Year— All Loans To Be Repaid In Full— Collection Fees Remain at One-third

The Bureau of Medical Economics is now over two years old. On September 30, 1955, it closed its fiscal year and the final figures showed that the Bureau operated in the black for the 1954-1955 fiscal year.

The loans made to the Bureau for working capital by many of the doctors of the Honolulu County Medical Society become due at the end of this year. Each individual doctor will receive payment in full.

At the present time approximately 60% of the membership is using the services of the Bureau, and we are continuing to add doctors to this list each month. In addition to the doctors, there are five medical laboratories, four hospitals and numerous mainland bureaus using our services.

Collection charges have been maintained at 33⅓%* on all accounts, while the large majority of commercial collectors have raised their collection fees to 50% straight across the board.

This year the Executive Committee of the Bureau considered a higher collection fee for those accounts below $20.00, but after a lengthy discussion on the subject, it was decided to *leave the fee at 33⅓%* rather than make an increase to 50%. Their reasons for doing so are as follows:

1. The doctors want as complete a credit file as possible, and if there is an increase in collection fees for accounts under $20.00, many doctors would just write the account off, rather than bother assigning it over for collection.

2. The credit file, in order to be complete, must have all delinquents listed whether theirs be a $5.00 or a $500.00 account. Many times the Bureau has just about given up on locating a patient who has a two or three hundred dollar account, when in comes a $5.00 assignment on the same person with a good address or additional information, which gives the Bureau a new lead as to his whereabouts.

3. After considering the relatively high cost of working an account under $20.00, it was felt that other benefits of having the small assignments for the credit file outweighed this high cost, and that the Bureau should do all in its power to encourage the doctors to assign all of their delinquent accounts regardless of the amount or age. Therefore, the fee for all accounts will remain at 33⅓%.*

* Accounts forwarded to other agencies, and accounts referred for legal action have the standard fee of 50%.

Remember that to hold a delinquent account in your file because of the small amount, or to refer accounts to a commercial collector, deprives the Bureau of a record of those bad accounts which should be a part of the Bureau's files for the protection of other doctors inquiring about these same debtors.

New Bureau Service—

We now have a new service available to all members of the Honolulu County Medical Society. It is called the "Account Evaluation Summary" and this is how it works:

We will send one of our employees out to your office at your convenience. This employee will list all of your receivables on an Account Evaluation Summary form. This form will show the age of each account as follows:

1. Current to 60 days.
2. Outstanding over 3 months.
3. Outstanding over 6 months.
4. Outstanding over 12 months.
5. Outstanding over 24 months.

This age analysis gives you at a glance, a fair impression of the payment habits of your patients. It only takes a few minutes to check the form, yet here is what you may get for this effort:

1. A clear picture of who your debtors are and of the total amount they owe you.
2. You see, at a glance, the age of all debts, and can set in motion by a circle or check mark, methods for catching up on the oldest ones first.
3. You are able to identify more quickly the repeatedly tardy payers.
4. By comparing the reports at regular intervals you can get a line on how effective your inter-office collection procedures really are.
5. At a glance you can see what your total receivables are, and compare the totals that are current to 60 days, totals outstanding over three months and totals outstanding over 6-12 and 18 months' periods.

In order to receive this special service offered to you by the Bureau of Medical Economics, you need but call our office (5-9958) and we will make the necessary arrangements.

The employees of the Bureau and myself would like at this time to wish all the doctors and their staff a **VERY MERRY CHRISTMAS** and a **HAPPY AND PROSPEROUS NEW YEAR.**

R. M. KENNEDY, *Executive Secretary*

HMSA—Its Place in the Community

Continued Progress of Prepayment Medical Plans

J. R. VELTMANN, *Executive Vice President*

Nationally, the Voluntary Prepayment Medical Plans—Blue Shield and Blue Cross—have for many years adopted the following slogan as their ultimate goal:

> To enroll virtually the entire population under the best program of prepayment at a cost that is reasonable and that the public can afford to pay.

By summer of 1955, it appears that voluntary prepayment plans across the country are progressing satisfactorily toward accomplishing this goal. Twelve of the 77 Blue Shield Plans have enrolled over 30% of the population they serve with Wilmington, Delaware, leading with an enrollment of over 69% of the population, closely followed by Washington, D.C. enrolling 63% of the people.

Blue Shield–Blue Cross leaders have warned plans against complacency if they intend to continue their growth and really accomplish their goal. They warned all plans to work constantly at plan improvement and offer better and more services in order to meet the competition of indemnity plans. They felt that the time has come when prepayment plans must tailor plans to the requirements and needs of individual businesses in order to attract the customers. They call upon plans to take the initiative and meet the challenge.

Let us see how Hawaii measures up to the national picture. HMSA is the Blue Shield plan for Hawaii. It began as an idea 20 years ago and its operations started in 1937 with 670 members. In September, 1955, HMSA enrolled its 100,000th member, which means it serves over 20% of the people of the Territory. HMSA has been accepted as a necessary community service, known in every household, and is an important economic factor in the Islands.

By the end of 1955 HMSA will have paid nearly three million dollars directly to local physicians and hospitals for services rendered its members. Practically all monies paid remain in Hawaii. Nearly all practicing physicians participate in the HMSA program and members have the choice of any hospital in the Territory.

During the years, HMSA has constantly improved its services to members and worked diligently to keep its operating costs to a minimum. Operating costs of the plan have been reduced from approximately 25¢ out of every dues dollar six years ago to less than 10¢ out of every dues dollar in 1955.

Six years ago, the claims procedure required between three and six weeks to process and pay a claim. Claim forms are now processed within 48 hours after their receipt, and the member is mailed a copy of the form indicating total charges and the amount paid by the plan. Payments to doctors and hospitals are made monthly. This prompt service has created much good-will among members, doctors and hospitals.

Plan benefits are also under constant study for improvement. For the past five years, members have received increased benefits without any increase in monthly dues. In addition, a systematic method of educating members to the true values of their medical plan has been effected, and participating physicians and hospitals are kept informed of the financial status of the Association as well as of any changes in administrative procedures. A field representative, the Service Consultant, is available to assist physicians, their staff and hospital personnel with any questions they may have relative to plan operations.

Financial soundness of a Blue Shield Plan is also an important factor. The National Association of Insurance Commissioners has recommended a minimal Contingency Reserve to cover three months of incurred liability. HMSA is pleased to report that by the end of 1955, its reserves will nearly reach the suggested minimum requirements. On a comparative basis, it is one of the stronger plans from the standpoint of reserves.

In spite of its financial stability, HMSA must continue to be progressive by improving its services and increasing its scope of benefits offered. It must be abreast of the techniques in use by commercial insurance companies offering accident and health coverage. In line with the suggestions of the National Blue Shield leaders, HMSA has for some time now provided prospective groups with

(*Continued on Page 165*)

Woman's Auxiliary

President's Report

It is with mixed emotions that I submit my final report as president of the Woman's Auxiliary to the Hawaii Medical Association. It is a relief to turn over my responsibilities to Mrs. John Holmes, but I shall miss the enjoyable contacts and honors bestowed upon me as president.

The year has been an interesting and satisfying one, though most of our Auxiliary work has been devoted to the success of medical conventions held here. During the fiscal year 1954-55 we assisted the doctors by providing hospitality and extraordinary social programs for SEVEN medical conferences. These were New Orleans Graduate Assembly, American Academy of Pediatrics, Pacific Coast Oto-Ophthalmological Society, Post–American Medical Association Conference, Pan Pacific Surgical Congress, Academy of General Practice Post Convention, and the annual Territorial meetings.

Several special features, such as the hostess–information desks maintained at the Royal Hawaiian Hotel, international fashion shows, pageants, luaus, and Chinese dinners, as well as the usual luncheons, receptions and cocktail parties, drew high praise from our visitors. Our members were generous with their beautiful flowers and foliage from their own gardens for the many decorating projects.

Another undertaking by the Auxiliary is "In Memoriam—Doctors of Hawaii" which will be presented to the Hawaii Medical Association on the occasion of its centennial in 1956. Mrs. Robert Katsuki is doing a remarkably fine job as chairman. The ferreting out of this material requires much time and research. She and the committee gratefully acknowledge the assistance of all those who are contributing in this work. At this time 213 biographies have been completed.

The constitution committee prepared amendments to the constitution and bylaws which brought them into line with the changes that have been made in those of the Woman's Auxiliary to the American Medical Association and which provide a better working guide.

In an effort to achieve closer coordination between the Territorial Auxiliary and the county groups, the president attended the annual meetings of both Maui and Hawaii, at which time National Auxiliary projects were discussed. I also attended the board meetings of the Honolulu County which proved helpful in correlating our activities during the busy year, as most of the responsibility for these medical conventions falls on the shoulders of the Honolulu group.

We have a total membership of 235—25 from Maui County, 28 from Hawaii County, 177 from Honolulu County and 5 members-at-large from Kauai. Honolulu has an increase of 14 members, and Maui an increase of three.

Honolulu County is putting out a "News Letter" prior to each meeting which is sent to all doctors' wives on Oahu, and to each president on the neighboring islands. This year minutes of each general meeting have been exchanged among the counties. Another innovation has been this page in the HAWAII MEDICAL JOURNAL for the activities of the auxiliary. These have been written, prior to this report, by Mrs. Louis Buzaid and Mrs. Joseph Lam. We feel these things have sparked interest in the Auxiliary and increased the attendance of meetings.

Maui County held two dinner meetings for visiting doctors. Individually, members entertained visiting doctors and wives on 122 occasions!

Freshly cut flowers are arranged weekly at the Hilo Memorial Hospital by members of Hawaii County.

Delegates to the annual meeting of the Woman's Auxiliary of the A. M. A. in San Francisco last June were Mrs. Frank Spencer and Mrs. Robert Bailey. Leis were sent to them by the Auxiliary to be presented to the National officers with our aloha.

No doubt, Hawaii will continue to be a choice site for medical conventions, and so the majority of our efforts will continue to be spent as they have been this year. Already plans are being made for three more conventions. However, when we can see our way clear to expand our activities, let us branch out on our Public Relations program, the success of which is an informed public and a friendly public. Let's sponsor a Community Health Week—let's have a Doctor's Day.

Many thanks to the officers and the executive board for their support and to each auxiliary member for her cooperation . . . we could not have accomplished so big a job without it. Special thanks go to Mrs. Edith Bennett and her staff for their ever-gracious assistance.

Serving the Auxiliary has been a privilege and a pleasure. I have gained much personally and I am looking forward to a bigger year under the leadership of our new president.

MRS. RALPH B. CLOWARD

The Honolulu County Medical Library

MRS. ETHEL HILL, *Librarian*
MRS. MARY JO MURRAY, *Library Assistant*
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Recent Acquisitions

Anesthesiology

Adriani, John. *Selection of anesthesia.* c1955. (gift of publisher)
Parmley, R. T. *Saddle block anesthesia.* c1955. (gift of publisher)

Biochemistry

Cantarow, Abraham. *Clinical biochemistry.* 5th ed. c1955. (gift of publisher)

Cardiovascular System

Abbott, M. E. *Atlas of congenital cardiac disease.* c1936.
Bellet, Samuel. *Clinical disorders of the heart beat.* c1953.
Butterworth, J. S. *Cardiac auscultation.* c1955. (gift of publisher)
Dacie, J. V. *The haemolytic anaemias.* 1954.
Darmady, E. M. *Haematological technique.* 1954.
Kjellberg, S. R. *Diagnosis of congenital heart disease.* c1955.
Luisada, A. A. *Heart.* 2nd ed. c1954.
Marriott, H. J. L. *Practical electrocardiography.* c1954.
Massey, F. C. *Clinical cardiology.* c1953.
New York Heart Association. *Nomenclature and criteria for diagnosis of the heart and blood vessels.* 5th ed. c1953.
Raab, Wilhelm. *Hormonal and neurogenic cardiovascular disorders.* c1953.
Stefanini, Mario. *The hemorrhagic disorders.* c1955. (gift of publisher)
Sturgis, C. C. *Hematology.* 2nd ed. c1955. (gift of publisher)
Wolstenholme, G. E. W., ed. *Ciba Foundation symposium on hypertension.* 1954. (gift of publisher)

Dermatology

Wiener, Kurt. *Systemic associations and treatment of skin diseases.* c1955. (gift of publisher)

Diagnosis

A. M. A. *J. A. M. A. clinical abstracts of diagnosis and treatment.* c1955. (gift of publisher)
Harvey, A. M. *Differential diagnosis.* c1955. (gift of publisher)

Digestive System

Wangensteen, O. H. *Intestinal obstructions.* 3rd ed. c1955. (gift of publisher)

Endocrinology

Hardy, J. D. *Surgical physiology of the adrenal cortex.* c1955. (gift of publisher)
Wolstenholme, G. E. W., ed. *Ciba Foundation colloquia on endocrinology.* v.1-4. 1952.

Neurology and Psychiatry

Columbo, L. T. *Management of disorders of the autonomic nervous system.* c1955. (gift of publisher)
Derbes, V. J. *Cough syncope.* c1955. (gift of publisher)
Diethelm, Oskar. *Treatment in psychiatry.* 3rd ed. c1955.
Eckstein, P., ed. *The thyroid gland.* Memoirs of the Society for Endocrinology. No. 1. 1953.
Eckstein, P., ed. *The determination of adrenocortical steroids and their metabolites.* Memoirs of the Society for Endocrinology. No. 2. 1953.
Elliott, K. A. C., ed. *Neurochemistry.* c1955. (gift of publisher)
Glees, Paul. *Neuroglia: morphology and function.* 1955. (gift of publisher)
Hoch, P. H., ed. *Psychiatry and the law.* c1955. (gift of publisher)
Weinstein, E. A. *Denial of illness.* c1955. (gift of publisher)

Orthopedics

McLean, F. C. *Bone: an introduction to the physiology of skeletal tissue.* 1955.

Pathology

Boyd, William. *Pathology for the surgeon.* 7th ed. c1955. (gift of publisher)
U. S. Naval Medical School. *Color atlas of pathology.* v.2. 1954. (gift of publisher)
Willis, R. A. *Pathology of tumors.* 2nd ed. 1953.

Public Health

Givner, Isadore. *The prevention of disease in everyday practice.* c1955. (gift of publisher)
Hanlon, J. J. *Principles of public health administration.* 2nd ed. c1955. (gift of publisher)
Harvard School of Public Health. *Industry and tropical health. Proc. . . . 2nd conf. Industrial Council for Tropical Health, April 20-22, 1954.* c1955.

Respiratory System

Pullen, R. L., ed. *Pulmonary diseases.* c1955. (gift of publisher)

Roentgenology

Bendick, A. J. *Diagnostic advances in gastrointestinal roentgenology.* c1954. (gift of publisher)
Etter, L. E. *Atlas of roentgen anatomy of the skull.* c1955. (gift of publisher)
Pyle, S. I. *Radiographic atlas of skeletal development of the knee.* c1955. (gift of publisher)

Therapeutics

Dock, William, ed. *Advances in internal medicine.* v.7. c1955.
Goodman, L. S. *The pharmacological basis of therapeutics.* 2nd ed. c1955. (gift of publisher)

Miscellaneous

A.M.A., ed. *A planning guide for establishing medical practice units.* n.d. (gift of the A.M.A.)

(*Continued on Page 165*)

Book Reviews

The Hemorrhagic Disorders.

By Mario Stefanini, M.D., and William Dameshek, M.D., 368 pp., illustrated, Price $10.00, Grune & Stratton, Inc., 1955.

This book of 368 pages, including 753 references, is a remarkably complete and well illustrated volume on the hemorrhagic disorders which embodies the most recent information in this rapidly expanding field. The normal hemostatic mechanism is clearly described, some 25 factors participating in the process, many of which were unknown just a few years ago. A classification of the hemorrhagic diseases is included and these are discussed in detail from the standpoint of both diagnosis and treatment. The clinical aspects of the various syndromes are presented and modern methods of therapy discussed. The book includes a chapter on the bleeding tendency of obstetric accidents, and one on the bleeding of dysproteinemias.

Of particular value is the appendix, which is made up of over 20 carefully selected technics for the study of the hemorrhagic disorders. The language is clear and concise and readily understandable despite the technical complexity of much of the material, and the book can be highly recommended.

I. L. Tilden, M.D.

Denial of Illness.

By Edwin A. Weinstein, M.D., and Robert L. Kahn, Ph.D., 166 pp., Price $4.75, Charles C. Thomas, 1955.

This book is written by a top-notch neurologist and a research psychologist with Mount Sinai Hospital in New York. It is a scholarly and intensive coverage of the subject matter. The book deals primarily with the denial of neurological incapacities caused by brain disease or trauma. The important part played by personality factors in the development of the specific type of symptom denial is appropriately stressed without being over-played. Localization of the brain injury had no significant effect upon the type of psychological reaction to it or the perceptions of the symptoms. The research study is unusually complete and the documentation of conclusions made is sound. The phenomenon of denial is extremely common in all types of illness and it was hoped that the book might cover the more general topic. However, the study is no doubt more complete and useful by reason of being circumscribed to the selection of patients with brain damage.

Robert A. Kimmich, M.D.

Surgical Physiology of the Adrenal Cortex.

By James D. Hardy, M.D., 191 pp., Price $5.75, Charles C. Thomas, 1955.

A book such as this monograph by Dr. James D. Hardy is a most welcome aid to a better understanding of the role of the adrenal cortex in surgery. Dr. Hardy is well known for his work on the adrenal gland and in this publication has presented without too much detail a thorough survey of both experimental and clinical aspects of the subject. The chapters on adrenocortical physiology, its reaction to stress, and pathological states together with their physiologic studies, and the final chapter on the clinical uses of ACTH and cortisone, are especially recommended for reading by all doctors.

The monograph is short, concise and well arranged. This material on a relatively new subject is comprehensively presented in 161 pages with an extensive bibliography of 274 papers.

George H. Nip, M.D.

Systemic Associations and Treatment of Skin Diseases.

By Kurt Wiener, M.D., 556 pp., illustrated, Price $17.00, C. V. Mosby Company, 1955.

This book has a stimulating title and an attractive cover. It contains a wealth of material. Unfortunately the presentation is often encyclopedic when selectivity would have been more useful. The 2,759 references allude to much that is good; also to much that is useless, either because of its age or its unavailability to U. S. readers. It is unfortunate that a book of such potential value is made unpalatable through lack of precision in editing. The problem is presented in the following poikilonomatous* parade:

Title of Chapter I: "Lupus Erythematosus, Cutaneous (Discoid) Form"
"Fig. 1: Lupus erythematosus discoides"
"Fig. 2: Lupus erythematosus chronicus discoides"
"Fig. 3: Lupus erythematosus discoides chronicus"
"Fig. 4: Chronic discoid lupus erythematosus"
"Fig. 5: Lupus erythematosus chronicus . . ."
"Fig. 6: Chronic lupus erythematosus . . ."

Samuel D. Allison, M.D.

Suprapubic Prostatectomy.

By Theodor Hryntschak, M.D., translated by Noble S. R. Maluf, M.D., 187 pp., Price $8.50, Charles C. Thomas, 1955.

An English translation of Prof. Hryntschak's technic of transvesical prostatectomy, this short book gives a detailed description of his procedure, postoperative care, and results in 300 successive cases. While the text suffers slightly from a too-literal translation, the operation is clearly described, and reading it should enable a general surgeon or urologist to perform the procedure without difficulty. The principles of transverse suture of the prostatic fossa, visual control of bleeding, primary bladder closure, and very early removal of the urethral catheter have resulted in extremely low morbidity. A number of important points can be learned from careful reading of this book and it is recommended for those doing prostatic surgery.

Walter S. Strode, M.D.

* Mingling terms from various systems of nomenclature.

(*Continued on Page 165*)

County Society Reports

Hawaii

The Hawaii County Medical Society met on August 25, 1955 at the Hukilau Restaurant. Members present were: Drs. P. Brown, M. L. Chang, W. Griggs, W. S. L. Loo, Z. Matayoshi, J. Matsumura, J. A. Mitchel, R. Miyamoto, P. T. Okumoto, T. T. Oto, G. N. Stemmermann, T. D. Woo, R. A. Yamanoha, and R. M. Yamauchi. Guests were: Drs. W. Davis, E. B. Helms, L. Ngirailild, J. A. Rutherford, T. Taniguchi, and Mr. E. G. Buehler.

Drs. E. B. Helms, T. M. Mar, J. A. Rutherford, and T. Taniguchi, whose transfers of membership from other medical societies have been received, were welcomed into membership of this society.

The holding of a joint social meeting with the Women's Auxiliary in October was discussed. Dr. Okumoto moved and Dr. Miyamoto seconded that we accept Pfizer Company's generous offer to sponsor such a social gathering. Motion passed unanimously.

The new Health and Accident Standard Physician's Statement form, recently distributed, was called to the Society's attention.

The availability of the Board of Health film library, and an up-to-date roster of Territory of Hawaii physicians was announced.

After the business meeting Dr. M. L. Chang gave an interesting and informative report on the A. M. A. and A. C. C. P. conventions which he attended last June.

Mr. E. G. Buehler, Massengill representative, then presented a movie film on "Adrenosem."

JAMES A. MITCHEL, M.D.
Secretary

Honolulu

The regular monthly meeting of the Honolulu County Medical Society was held Tuesday, September 6, 1955 at 7:30 P.M. in the Mabel Smyth Auditorium. Dr. J. M. Felix presided in the absence of Dr. Durant, and approximately 103 members, guests and specially invited members of the Honolulu County Dental Society were present.

Mr. E. G. Buehler of S. E. Massengill & Co. presented a 15 minute movie entitled "Adrenosem as a Systemic Hemostat."

Dr. Robert S. Pollack of San Francisco, California followed with an interesting and stimulating paper on the "Rationale of Radical Cancer Surgery—How Effective Are Its Methods and What May Be Expected."

Following the Scientific Session the guests were excused to enjoy refreshments in the lounge while the business meeting was held.

The minutes of the meeting held June 7, 1955 were read and approved.

Drs. George Goto, Ransom James Arthur, Walter S. Strode, Jack Stewart Woodruff, Yutaka K. Yoshida and R. M. Beddow were welcomed into the Society as new members.

It was announced that the Standard Medical Certificate Forms and the Standard Attending Physicians Statements were available at the Medical Society office, and that plans were being readied to resume the polio inoculation program in the schools in October. The chair expressed the desire to have all physicians volunteer their services as they did in the spring.

The following resolution to the memory of Dr. Herbert Rothwell of Kahuku was read and passed by a unanimous standing vote:

RESOLUTION

The recent passing of Dr. Herbert Rothwell of Kahuku will be marked with sympathy and a real sense of loss on the part of the many friends, patients, and colleagues whom he served so faithfully and so well during his many years as physician for the Kahuku Plantation Company and for a large portion of Windward and Rural Oahu.

Inasmuch as he was a long-time member of the Honolulu County Medical Society and contributed for many years of his skill, knowledge and experience, now therefore be it

RESOLVED, That this Society go on record unanimously to express its appreciation and sympathy in his memory, that this resolution be included in the official record, and that a copy be sent to the members of his family.

The proposed amendments to the Constitution and By-Laws as read at the last membership meeting were brought up for discussion and vote. After some discussion the amendments were approved with the exception of one paragraph pertaining to the Vice-President, which was referred back to committee with the recommendation that the title of Vice-President be changed to President-Elect.

A revised code governing professional announcements in the newspapers as proposed by the Medical Practice Committee was approved by a unanimous vote. The membership also approved the recommendation that all future announcements be made through the office of the Executive Secretary.

A recommendation made by the Executive Secretary to appropriate $1100.00 for the printing of a new Fee Survey Summary was approved. The Executive Secretary's recommendation to conduct a single annual charitable contribution drive brought forth varied opinions. After much discussion, the motion was tabled indefinitely.

There being no further business, the meeting was adjourned to the lanai for refreshments.

* * *

Deviating from the usual formal type of dinner, the doctors of the Honolulu County Medical Society held their annual fun dinner at the Natsunoya Tea House on October 1, where dinner was served in the traditional Japanese style.

Master of Ceremonies was Dr. William Walsh, who presented a parade of hidden talents from among the doctors, a welcome contrast to the efficient men in doctor's garb. A very entertaining bit of monologue was given by Mr. Bill Nelson of Ethicon Sutures.

Refreshments and music enjoyed throughout the evening were made possible through the courtesy of Pfizer Laboratories, who have always contributed generously in the past.

TORU NISHIGAYA, M.D.
Secretary

Kauai

The regular meeting of the Kauai County Medical Society was called to order by Vice-President Keith Kuhlman at 8:00 p.m., August 2, 1955 in the Wilcox Memorial Hospital library. Members present: Drs. Cockett, Fujii, Goodhue, Ishii, Kim, Kuhns, Kuhlman, Masunaga, Wade and Wallis.

A short discussion regarding the desirability of having an iron lung as permanent equipment resulted in postponing our decision until next meeting. The Polio Foundation funds apparently are available for the purchase of a lung.

The meeting was turned over to the Advisory Committee to the Bureau of Maternal and Child Health. Dr. Walsh presided.

BURT O. WADE, M.D.
Secretary

Maui

A special meeting of the Maui County Medical Society was called by Vice President Dr. Mamoru Tofukuji to meet with representatives of the Territorial Attorney General's office who had asked for a meeting with the Medical Society members to discuss the investigation of Dr. Boyd's medical practice.

The meeting was called to order by Dr. Tofukuji at 7:55 p.m. in the Central Maui Memorial Hospital Library. Members present were the following: Doctors Underwood, Ferkany, Ohata, Totherow, Wong, St. Sure, McArthur, Sanders, Burden, Kashiwa, Kanda and Secretary Fleming. Doctors Moran and Tong were guests. Dr. Tofukuji introduced Mr. Everett Afook and Mr. Wadsworth Yee of the Attorney General's office.

The meeting adjourned at 10:10 p.m. with the idea that the Board of Health would send a report of its investigation to the Society Secretary and that action would be taken by the Society at its next regular meeting scheduled to be held on September 20.

* * *

The regular meeting of the Maui County Medical Society was held September 20, 1955, in the Central Maui Memorial Hospital Library, following cocktails and a dinner in the Hospital dining room. At the dinner there were 24 people of which seven were guests and 17 were County Medical Society members.

The meeting was called to order by the President, Dr. Rockett, at 8:25 p.m. Members present were Doctors H. Kushi, Burden, Patterson, Underwood, McArthur, Wong, Cole, Kashiwa, Ferkany, Shimokawa, Tofukuji, Totherow, Ohata, Sanders, Kanda, St. Sure (who did not have dinner) and Secretary Fleming. Besides these were as guests Doctors Tong, Moran, Faus, Iaconetti and Mickland (who had dinner but did not come to the formal meeting—he is a doctor in the Navy), a guest of Dr. Totherow. Also, there were Mrs. James and Mr. Joseph Veltmann of the HMSA.

A formal letter from Dr. J. H. Allen dated September 7, 1955, making application for participating physician membership in Community Group Medical Plan in HMSA was read. Inasmuch as Dr. Allen is not yet a member of the Maui County Medical Society the application was turned over to the secretary with instructions to inform Dr. Allen that the application was not under the jurisdiction of the Maui County Medical Society and at the same time sending him an application for membership in the Maui County Medical Society.

Dr. Patterson announced the tentative general program of the Plantation Physicians, which is going to be held on Maui in November. Also a letter was read from Dr. Quisenberry asking if the Maui County Medical Society members would be interested in seeing a colored movie of tumors in childhood sometime in December. The secretary was instructed to notify Dr. Quisenberry that we would and to thank him for this offer. At the end of the meeting Dr. Rockett took Dr. Quisenberry's letter and said that he personally would take care of the matter.

Dr. Totherow moved, seconded by Dr. Burden, that the Maui County Medical Society go on record as approving the polio immunization program as promulgated by the Board of Health. Passed unanimously, 15 to 0. Dr. Burden moved, seconded by Dr. Patterson, that the Secretary be instructed to write a letter to the *Maui News* stating that the Maui County Medical Society voted unanimously in favor of the polio immunization program as promulgated by the Board of Health. Passed.

The meeting was now turned over to Dr. Faus who explained administrative phases of the HMSA on Maui.

Mr. Veltmann explained the financial status of HMSA during the first five months of this year of its experiment with the extended coverage plan. He had a graph to show that utilization generaliy went up slightly but in the utilization of hospitalization it went very high. He explained that this was very noticeable in certain groups. It seems that for no definite reason the hospital utilization has gone up to 97%. Mr. Veltmann went on to explain one key to the success of the Kaiser plan is the fact that patients are admitted to the hospital when there is a need for hospitalization and discharged when they are ready to leave.

The Board of Health letter pertaining to Dr. Boyd had not arrived.

JAMES F. FLEMING, M.D.
Secretary

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A very superior Brandy



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A

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*REG. U.S. PAT. OFF.

Correspondence

MEDICAL LICENSURE

To the Editor:

The Board of Medical Examiners has in the past accepted candidates for examination before completion of the one year residence requirement under a ruling from the Attorney General's Office dated Nov. 30, 1945 (1226;7, C-5844,OLC). The license is not issued by the Board of Health until the residence requirement has been complied with. Recently Deputy Attorney General Wadsworth Yee has overruled this former opinion and candidates can no longer be accepted for examination until the residence requirement has been met. Mr. Yee quite properly points out that the language used in the laws relating to licensure of physicians is clear and unambiguous, indicating that the legislature clearly intended that applicants satisfy this requirement before admission to the licensure examinations.

Board of Medical Examiners
I. L. Tilden, M.D.
Secretary

October 4, 1955

SALK VACCINE

Dr. A. G. Kammerer
Dean, School of Occupational Health
University of Pennsylvania

I still remember going through the University of Pennsylvania School of Public Health with my father-in-law, Dr. Engel, under your guidance, in June of 1954. I am proud to tell people here that I shook hands with Dr. Salk, as well as with ex-Surgeon General Parran.

In my own locale I have been articulate in opposition to the NFIP enforced program of vaccination of school children to the point of being a pest to the local Board of Health and NFIP. I mean, of course, opposition to the resumption of the vaccination this autumn in exactly the same way it was done last spring. It has been my contention that, in view of the disastrous results of the program in the spring, insofar as the public's loss of confidence in its medical leaders is concerned, the medical profession should balk at any further attempt by the NFIP to get into the vaccination field. Unfortunately the NFIP seems bound to use up the vaccine it has contracted to buy and is using every trick of publicity and high pressure salesmanship to get us to accept and use the "free" vaccine. Anything given "for free" is always tempting to bargain hungry Americans. The public can hardly resist, and we doctors are heels to even consider voicing an opinion against saving the lives of all second and third graders.

However, I had become convinced in my own thinking that this time the vaccine surely must be "safe" and that anti-polio vaccination should be urged. All I wanted of local health authorities was an O.K. to give the vaccine this time under doctor-controlled conditions, i.e., in small clinics, a few at a time, the children thoroughly screened as to health, the parents present and cognizant of the risks pro and con. This was denied by the NFIP, the local Board of Health being powerless to alter the NFIP ruling.

I said I *had* become convinced of its safety—until I received today Volume 253 No. 11 of the *New England Journal of Medicine.* There is a brief editorial in it calling attention to a letter in the correspondence section written by M. V. Veldee, M.D., Chairman of the Department of Biology, Stanford Research Institute. It has thrown me for a loop such that I cannot urge the vaccination any more. What I need to restore my confidence is a direct effective rebuttal by Dr. Salk. Dr. Veldee's argument is that uniform killing of the virus suspension is not possible where you have clumping and where you have variability in concentration of formaldehyde in relation to the amount of virus and formaldehyde-absorbing components present; that ultimate safety can be assured only by testing of the entire lot volume, which is impractical.

Dr. Engel is writing to you separately, so I have asked him to enclose my letter in his in hopes you may bring this to the attention of Dr. Salk and secure for us a reply. We know how extremely busy he must be, but perhaps you can convey his answer.

J. I. F. Reppun, M.D.

12 October, 1955.

* * *

Dear Dr. Reppun:

Reference is made to your letter dated October 12, 1955, to Dr. A. G. Kammerer of the University of Pittsburgh, regarding the polio vaccine—a copy of which was sent to me and the editor of the Hawaii Medical Journal.

Our position is presented in a communication to all physicians dated September 16, 1955, co-signed by Dr. Clarence E. Fronk, President, Hawaii Medical Association, and by me. This contained a statement on the "Status of the Poliomyelitis Vaccine." Among other things, it was pointed out that "As for any other biological product, each physician determines whether or not he desires to utilize it in his practice."

There were also attached quotations on polio vaccine: "Quotes and Abstracts from the J.A.M.A., August 6, 1955." The first quotation was on the safety of the polio vaccine by Dr. Jonas E. Salk. An excerpt from this statement is the following: "The objective in the preparation of a poliomyelitis vaccine cannot include the knowing or wilful acceptance of a risk that is tangible, or measurable to any degree."

Another point that can be made is that by this time some 10,000,000 individuals have received the polio vaccine injections. The experience with the vaccine appears to bear out the above quotation from Dr. Salk.

Finally, the physicians in the Territory have volunteered their services without compensation. It is their support which made the school program possible.

Leo Bernstein, M.D., *Director*
Division of Local Health Services

October 25, 1955

(*Continued on Page 183*)

Notes and News

This column is written for your information and entertainment about your professional, scientific, and social accomplishments. If you have any newsworthy items, kindly phone the news editor, Dr. W. J. Holmes, or his secretary at 6-2105, or mail them to 280 Young Hotel Building.

DOCTORS

Addressed . . .

. . . the ladies

Dr. Alvin V. Majoska, Coroner's Physician, told the League of Women Voters about the medicolegal aspects of the Medical Examiner system on September 21.

Dr. Alfred S. Hartwell talked to We, the Women about rheumatic fever.

Dr. H. Joseph Simon spoke at the Y.W.C.A. on problems of personal psychology.

At meetings of the Operating Room Nurses' Association in September and October, **Dr. Richard Dodge** discussed the program of the Rehabilitation Center, and **Dr. William John Holmes** spoke on his experiences in ocular surgery in India.

. . . the gentlemen

Dr. Richard K. C. Lee, President of the Territorial Board of Health, addressed the Honolulu and Kaimuki Lions Clubs on "Opportunities in the Far East for Hawaii's Young People." He also told of his observations as one of the U. S. A.'s two representatives to the Sixth Regional Committee of the World Health Organization in Singapore.

Dr. Frederick C. Shepard told Kiwanis International at their September meeting all about the rehabilitation center as a community service.

Dr. Alfred S. Hartwell spoke to the Sales Executives of Hawaii on coronary heart disease at their September meeting.

Dr. William John Holmes talked on blindness in India before the Naval Reserve Aviation Company of the Fourteenth Naval District in August.

. . . the ladies *and* gentlemen

The Lincoln School P. T. A. at their September meeting heard **Dr. James Enright** talk about Salk Poliomyelitis Vaccine.

Dr. Harold W. Civin, Queen's Hospital's Director of Laboratories, spoke to the Queen's Hospital Corporation on Hawaii's potentialities as a research center.

The Molokai Chamber of Commerce heard **Dr. Walter B. Quisenberry** speak on "Reasons for Hope in the Fight Against Cancer" last September.

The Oahu Health Council heard about "You, Your Child, and Polio Vaccine" in October from a panel which included **Drs. Leo Bernstein, Masato Hasegawa,** and **James Enright.**

Dr. Phillip Corboy spoke over the radio on "Communism and Religion" and presented an "All Spanish Broadcast."

"Eyes Right" was the title of a television program sponsored by the Health Education Committee of the Hawaii Medical Association. Participating in the presentation were **Drs. Clarence Trexler, Perry T. Sumida, W. T. Minatoya,** and **Robert H. Lee.**

"Answers to your Questions About Polio Vaccine" was the subject of a TV presentation by the Territorial Department of Health, conducted by **Drs. Leo Bernstein** and **James R. Enright.**

Cancer diagnosis, treatment, and research were discussed on TV by **Drs. Thomas F. Fujiwara, Walter B. Quisenberry, Frank C. Spencer,** and **Samuel L. Yee.**

New offices . . .

. . . for general practice

Dr. Thomas M. Mossman announces the opening of his office at 725 Bishop Street.

Dr. Kenneth O. Ching announces the opening of his office at 2129 No. King Street for the practice of medicine and surgery.

. . . for surgery

Dr. Scott C. Brainard announces his association with The Medical Group with practice limited to general and chest surgery.

Dr. Yutaka K. Yoshida announces the opening of his office at 1010 South King Street with practice limited to general surgery.

. . . for ophthalmology

Dr. William John Holmes announces that he is limiting his practice to ophthalmology and ophthalmic surgery.

. . . for internal medicine

Dr. Jack C. Fitzpatrick announces his association with The Medical Group with practice limited to internal medicine.

. . . for psychiatry

Three new psychiatrists have joined the staff of the Territorial Hospital in Kaneohe. **Dr. Leo P. Hennigan,** staff physician, arrived from Ypsilanti State Hospital in Michigan. **Dr. John J. Regan,** supervising psychiatrist, is from the Veterans Administration in Minneapolis, Minnesota. **Dr. Edward J. Vogeler, Jr.,** supervising psychiatrist, is from Bowman Grey Medical School in North Carolina.

. . . treating alcoholics

The Territorial Department of Health opened a $16,000.00 a year clinic for treating alcoholics. The center is headed by **Dr. Y. T. Wong,** Chief of the Bureau of Mental Hygiene.

Elected . . .

Dr. Sylvia S. Haven has joined the American Academy of General Medicine.

Dr. Lyle Bachman has been named a Fellow of the International College of Surgeons.

Dr. Morton E. Berk has been reappointed to the Com-

FRED IRWIN, M.D.
1875-1955

Dr. Fred Irwin was born November 28, 1875, in Shelbourne, Nova Scotia, the son of Robert Gore and Isabella Archer Irwin. He and Miss McKenzie, a native of Lair, Scotland, were married in Hilo, Hawaii, on November 7, 1906.

Dr. Irwin was educated at McGill University in Montreal, where he received his M.D. degree in 1902. He interned at New York Lying-In Hospital and came to Hawaii March 17, 1903.

He began as physician and surgeon for the Honomu, Hakalau, and Laupahoehoe Plantations for three years, and in 1906 entered the service of the Olaa Sugar Company in the Puna District of Hawaii.

Dr. Irwin was so enthusiastic about the beauties of Hawaii that he was responsible for an influx of some of the fine physicians who have come from his native province, Dr. Sam Brown, Dr. William Keay, Dr. Henry Dickson, Dr. Peter Irwin (who is his nephew), Dr. Burlingame, and probably some others that I am unable to remember.

Old timers will remember the Olaa Hospital Dispensary on the Puna side of the volcano road just above Olaa, where Dr. Irwin held out for many years prior to the new arrangement whereby hospital cases are sent to Hilo Memorial Hospital.

In 1930 he was made President of the Hawaii Territorial Medical Association, of which he had been Vice-President in 1929. He had belonged to the Hawaii County Medical Society for many years until he moved to Honolulu when he changed his affiliation.

On December 8, the day after Pearl Harbor, he went on duty in the First Divisional Army Hospital, which occupied the new Kamehameha School buildings; he was the director of this hospital during the war. Following the war, he was, for a time, Medical Director of Hawaii Medical Service Association.

In July, 1947, he was honored at a testimonial dinner at the Hilo Yacht Club on the completion of thirty-five years as a plantation physician.

He continued to work at the Blood Bank of Hawaii despite his age and some physical disability, because he loved contact with medicine and medical men.

Although he delighted in presenting a rough and gruff exterior, he was a kindly, generous man, and even when he was being rough there was usually a twinkle in his eye.

His son, Dr. Gordon F. Irwin, interned at The Queen's Hospital, later took a surgical residency in Montreal, and is now a surgical resident in California.

Mrs. Irwin died in September, 1943, and since that time Dr. Irwin had resided at the Pacific Club and the Alexander Young Hotel.

Fred will be missed by all of us.

H. L. ARNOLD, SR., M.D.

mittee on Detection and Education of the American Diabetes Association.

Winners of . . .

. . . a bride

Dr. Robert Ballard and Miss Ruth Shirley Swenson were married on September 23, 1955, at the Atherton Memorial Chapel of Central Union Church.

. . . a trophy

Dr. Alvin V. Majoska won the Waikiki Yacht Club's annual 15-mile yacht race between Diamond Head and Keehi Lagoon.

. . . a golf tournament

Dr. Francis Kaneshiro took top honors in A Flight of the Waialae Country Club.

Travelers . . .

. . . to Singapore

Dr. Richard K. C. Lee, President of the Territorial Board of Health attended a conference of the Western Pacific Region of the World Health Organization, as one of the official American delegates.

. . . through Europe

Dr. and Mrs. Wonsik You traveled through Scandinavian countries, England, Italy and France. In the Netherlands, Dr. You, chief anaesthesiologist at Queen's Hospital, attended the World Congress of Anaesthesiologists at Amsterdam.

. . . to Chicago

Drs. Teruo Yoshina, Donald C. Marshall, Joseph Palma and **John C. Milnor** attended the American Academy of Pediatrics October meeting in Chicago.

In November, **Dr. Harry L. Arnold, Jr.,** attended the national biennial Conference of Editors and Business Managers of State Medical Journals in Chicago. **Mrs. Edith Bennett** also attended the conference, on her way to the Clinical Session of the A.M.A. in Boston.

. . . to the coast

Dr. Katherine J. Edgar, Assistant Chief in the Bureau of Maternal and Child Health, is enrolled at the University of California, school of public health, for this school year. She is a candidate for a master of public health degree and is expected to return in June, 1956.

. . . to Boston

Dr. Norman R. Sloan, Assistant Chief in the Bureau of Geriatrics, left September 16 for four weeks on the mainland. He attended the course, "A Diabetes Program in Public Health" in Boston, Massachusetts, the first conference of State Chronic Disease Program Directors in Missouri, and obtained training in diagnosis of cancer

and other details of cytology programs of the University of California.

. . . to Japan

Dr. Nils P. Larsen spoke before the Planned Parenthood Association in Tokyo on "Proper Birth Spacing as a Factor in Improved Community Health."

. . . to California, Ohio, and New York City

Dr. Walter B. Quisenberry, on an extended mainland tour, spoke before the California Division of the American Cancer Society in San Francisco and the Inter-Society Cytology Council in Cleveland, and attended the annual meeting of the American Cancer Society in New York City.

New society

The Hawaiian Society of Anesthesiologists has been formed, with President **Dr. Carl Johnsen,** Vice-President **Dr. Ted Nishijima,** Secretary **Dr. Clifford Chock,** Delegate to the American Society of Anesthesiologists **Dr. Wonsik You.**

Into the service . . .

Dr. Joseph Iwano was called to active service in the Army with the rank of Captain, in September 1955.

. . . and out

Major Harry K. Takenaka was discharged from the Army in October after serving two years with the Atomic Bomb Casualty Commission in Hiroshima. He has returned to Honolulu with his family.

JOHN HOGAN FARRELL
1883-1955

Dr. John Farrell died after a long illness from congestive heart failure on June 10, 1955 at his home at Atherton, California.

Born at Winthrop, Iowa in 1883, he received his M.D. degree from the University of Illinois in 1907. After three years of general practice on Maui, he attended Johns Hopkins Medical School for special training in eye, ear, nose and throat. He practiced his specialty in Honolulu from 1912 until 1943. He contributed much of his time and energies to the founding of St. Francis Hospital.

In 1943 because of poor health, he went to Redwood City, California, where he engaged in part time practice for the remainder of the war. He then retired to Atherton, California.

Dr. John Farrell was a kindly gentleman, loved and respected by all his colleagues and friends, and those of us who had the privilege of knowing him will revere his memory.

HENRY C. GOTSHALK, M.D.

Maui News

Robert Rose, who had been associated with **Dr. Edward Shimokawa** at Lahaina for the past year, returned to California in June to go into practice in Pasadena.

Dr. William S. Patterson returned in September from a three-month vacation with his family on the Mainland. During their trip they visited friends and relatives in North Carolina and toured into the New England states and across the northern part of the U. S.

Dr. E. A. Tompkins went to Chicago in September to take a short refresher course in hospital administration. He returned to Maui just in time for the Maui County Fair early in October.

Dr. Joe Ferkany spent his vacation in seclusion on the Maui beaches with his family.

Dr. K. Izumi left with his wife Edith in September for a three months' tour of Japan. He expects to be back in November. During his absence **Dr. Kashiwa** is working doubly hard to keep their patients in good health.

Dr. Wm. Totherow made a literally flying trip to Manila early in October. He left Honolulu on a Monday and was back by the following Friday. During his stay in Manila he looked into the practice of medicine in that city.

Dr. Raymond Otsuka has expanded his scope of medical practice from dermatology to general practice.

Dr. Maxwell D. Boyd has moved from Wailuku to Hana where he is taking the place of **Dr. Mar** who transferred to Kona.

Dr. John H. Allen who finished his internship in The Queen's Hospital is now associated with **Dr. Fred Reppun** on Molokai.

Dr. Paul Leyda, who was associated with **Dr. F. B. Warshauer,** has left Lanai to return to the Mainland.

Dr. and Mrs. James Fleming went on a six weeks' vacation to Alaska and the East Coast where they visited with their sons in the Army. They flew a light plane from the East Coast back to San Francisco. They had compassion on the people driving cars over the hot, dangerous highways below them.

NEWS

Los Angeles Midwinter Convention

The Los Angeles Midwinter Meet to commemorate the 85th Anniversary of the Los Angeles County Medical Association convenes January 3, 4 and 5, 1956 with headquarters at the Biltmore Hotel.

Plans have been made for prominent medical authorities and lecturers to lead panel discussions on the newest and most significant information in six major fields of medicine: preventive medicine, geriatrics, atomic medicine, blood and blood products, neoplastic diseases, and chemotherapy. This program has been so organized to eliminate the usual series of individual papers on a number of unrelated subjects.

A.M.A. President Elmer Hess will be the guest speaker at the Anniversary dinner Tuesday, January 3, in the Biltmore Bowl. Other A.M.A. people who will participate in the program are Austin Smith, Editor of the Journal, and Dwight H. Murray, President-elect.

The Midwinter Convention has been planned so that doctors may combine postgraduate medical education

with attendance at the annual Tournament of Roses festivities in Pasadena, including the Rose Parade and Rose Bowl Football Game on New Year's Day. The Los Angeles County Medical Association will assist doctors registered at the Convention in obtaining tickets for these events.

1956 Prize Essay Contest

The Council on Undergraduate Medical Education of the American College of Chest Physicians offers three cash awards (of $250, $100 and $50) to be given annually for the best contributions prepared by undergraduate medical students on any phase of the diagnosis and treatment of chest diseases (heart, lungs or both).

The winning contributions will be selected by a committee of chest specialists and will be announced at the 22nd Annual Meeting of the American College of Chest Physicians to be held in Chicago, Illinois, June 7-10, 1956. All manuscripts become the property of the American College of Chest Physicians.

Applicants are requested to study the format of *Disease of the Chest,* the official journal of the College, as to length and form, and arrangement of illustrations, to guide them in the preparation of the manuscript. A copy of the College journal will be sent upon request. The following conditions must be observed:

1) The completion of an application form, which may be obtained by writing to the Executive Director, American College of Chest Physicians, 112 East Chestnut St., Chicago 11, Illinois.
2) Five copies of the manuscript typewritten in English (double spaced) should be submitted to the College offices in Chicago not later than April 10, 1956.
3) The only means of identification of the author shall be a motto or other device on the title page and a sealed envelope bearing the same motto on the outside, enclosing the name and address of the author.

Van Meter Prize Award

The American Goiter Association again offers the Van Meter Prize Award of $300.00 and two honorable mentions for the best essays submitted concerning original work on problems related to the thyroid gland. The award will be made at the annual meeting of the association which will be held at the Drake Hotel, Chicago, Illinois, May 3, 4 and 5, 1956, providing essays of sufficient merit are presented in competition.

The competing essays may cover either clinical or research investigations, should not exceed 3,000 words in length and must be presented in English. Duplicate typewritten copies, double spaced, should be sent to the Secretary, Dr. John C. McClintock, 149½ Washington Avenue, Albany, New York, not later than January 1, 1956. The committee who will review the manuscripts is composed of men well qualified to judge the merits of the competing essays.

A place will be reserved on the program of the annual meeting for the presentation of the winning essay by the author if it is possible for him to attend. The essay will be published in the annual proceedings of the association.

Umi Makahiki I Hala*

Hospital Needs

. . . on September 24, 1945, under the laws of the Territory, the Convalescent-Nursing Home was incorporated. The following were the incorporators: Messrs. Riley H. Allen, Stafford L. Austin, Raymond S. Coll, Sr., Cyril F. Damon, Alan S. Davis, Peter K. McLean, George H. Moody, C. T. Oliphant, C. Dudley Pratt, Alva E. Steadman, Miss Mary Catton and **Dr. F. J. Pinkerton.**

Personals

Dr. John Milnor, son of **Dr. and Mrs. Guy C. Milnor** of Alewa Drive, returned in September from Temple University to intern at The Queen's Hospital. **Dr. Elizabeth Jennie Smith** from the University of Iowa became the third woman physician now interning at Queen's. In October three more doctors arrived: **Dr. James W. Cherry** of the University of Arkansas, **Dr. Casimir A. Domzalski** and **Dr. Grant M. Wedge** from the University of Michigan.

A surgical residency has been added to the existing residencies in medicine and neuropsychiatry at The Queen's Hospital, and acceptance by the A. M. A. is now under way. **Dr. John Chalmers,** a St. Louis College graduate before further studies at Northwestern University, will be the first incumbent, beginning October 15.

Dr. Forrest J. Pinkerton was married to Mrs. Florence Helmick Macaulay on September 14, 1945. The wedding took place in Central Union Church, Honolulu.

Miss Cherry Young, daughter of Mr. and Mrs. Young Goon, became the bride of **Dr. Thomas Chang** on September 1 in Wailuku. Dr. Chang is resident pathologist at The Queen's Hospital.

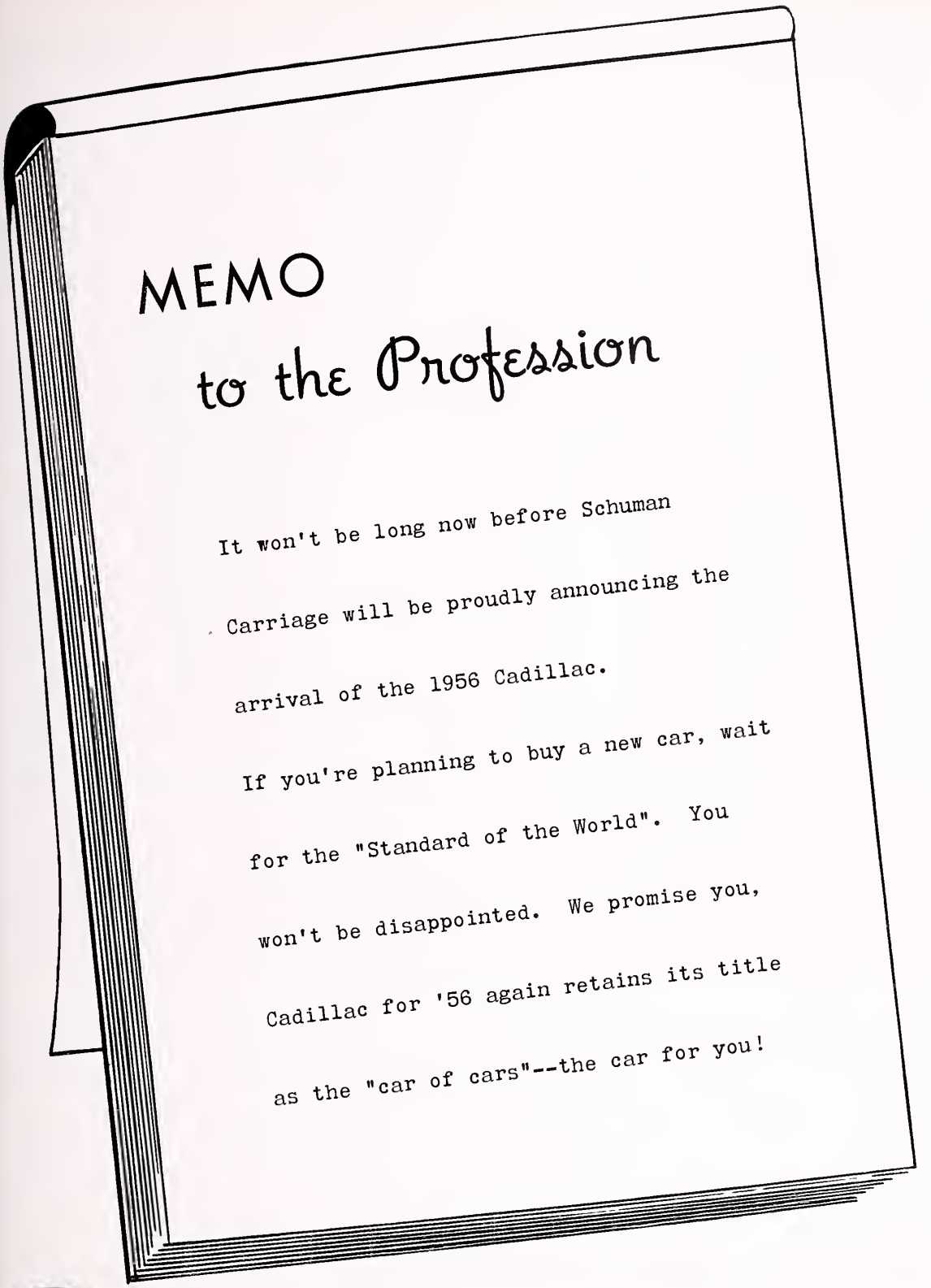
Dr. Pauline G. Stitt, assistant director of the bureaus of maternal and child health and crippled children of the Board of Health, has resigned and left for the mainland, to become regional medical consultant of the Children's Bureau of the department of labor for the southeastern section of the United States. Dr. Stitt has been with the health department here for two years.

Dr. R. T. Eklund has moved from Pahala, Hawaii, to Molokai, where he is now practicing. **Dr. William Leslie** has succeeded him as President of the Hawaii County Medical Society. **Dr. Lester Kashiwa** is the new physician at Pahala.

WE RECOMMEND FOR RE-READING

Mumu: A Few Facts about Filariasis for Folks who Fear that Filaria-infected Fellows Will Fetch Filariae from the Front, by Cmdr. R. C. Babione, MC, USN.

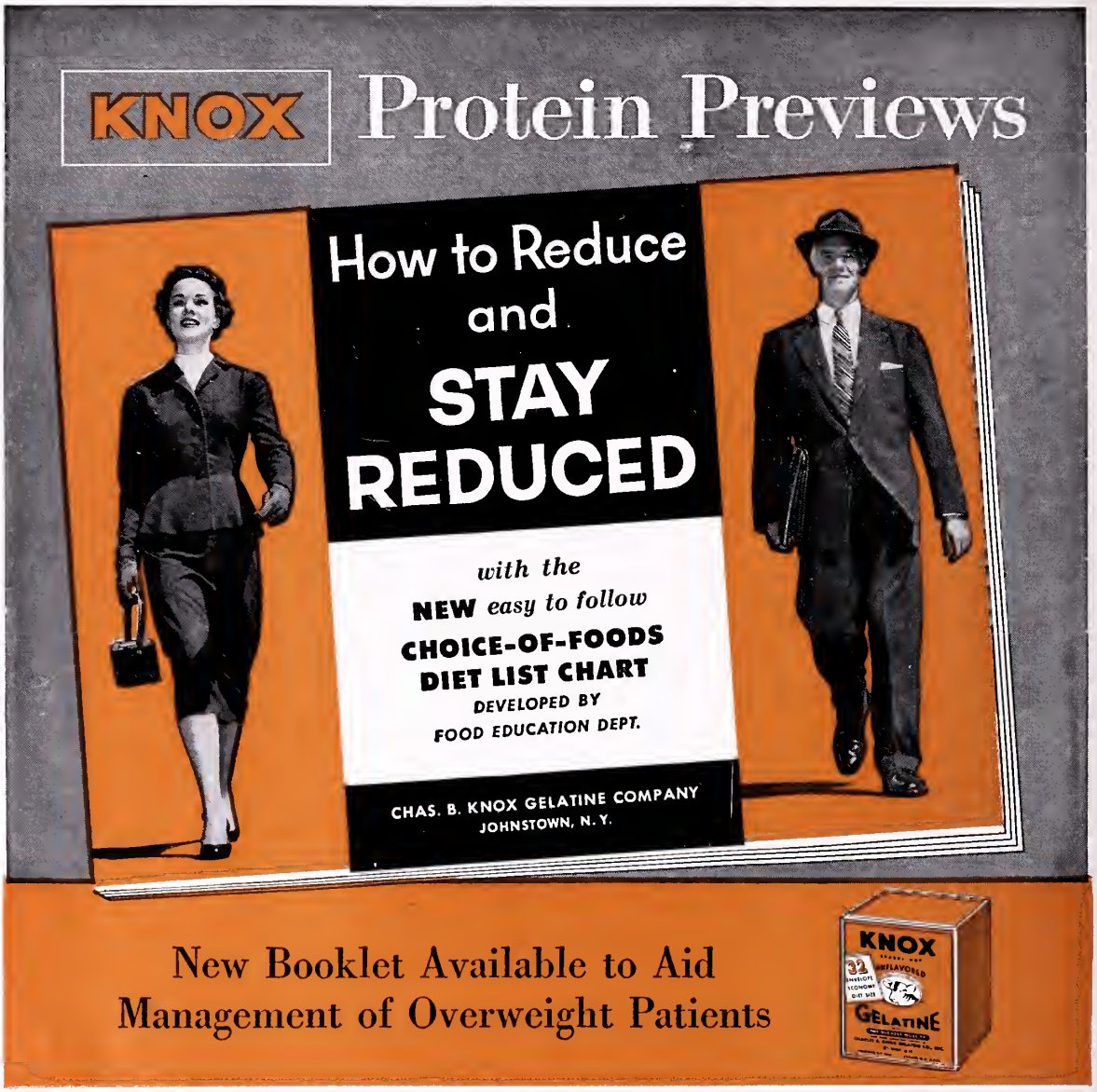
* Ten years ago. From Volume 5, No. 2, November-December, 1945.



SCHUMAN 1893

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The 1955 edition of the well-known Knox "Eat-and-Reduce" booklet eliminates calorie counting for your obese patients. This year's edition is based on the use of Food Exchange Lists[1] which have proved so accurate in the dietary management of diabetics. These lists have been adapted to the dietary needs of patients who must lose weight.

The first 18 pages of the new booklet present in simple terms key information on the use of Food Exchanges (referred to in the book as Choices). In the center, double gatefold pages outline color-coded diets of 1200, 1600, and 1800 calories based on the Food Exchanges. Physicians will find these diets easy to revise to meet the special needs of individual patients.

To help patients persevere in their reducing plans, the last 14 pages of the new Knox booklet are devoted to more than six dozen *tested*, low-calorie recipes. Please use the coupon below to obtain copies of the new "Eat-and-Reduce" booklet for your practice.

1. Developed by the U. S. Public Health Service assisted by committees of The American Diabetes Assn., Inc. and The American Dietetic Assn.

Chas. B. Knox Gelatine Co., Inc.
Professional Service Dept. SJ-11
Johnstown, N. Y.

Please send me.....copies of the new illustrated Knox "Eat-and-Reduce" booklet based on Food Exchanges.

INTER-ISLAND NURSES' BULLETIN

Official Publication of the Nurses' Association, Territory of Hawaii

MRS. DOROTHEA M. SPEARS, *Executive Secretary,* Honolulu

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NORA SHIROMA, *Editor,* Honolulu

HAZEL KIM, *Chairman, Nursing Information Committee,* Honolulu

EMILY KAAUA, Hawaii — SALLY NAKANO, Honolulu

MIYOKO MASUNAGA, Kauai — LAURA WONG, Maui

LILA CHUN, *Student, St. Francis School of Nursing*

WHY A NURSES' ASSOCIATION?

Somewhere, in some course in administration, we were told that a good administrator frequently performs less actual work than a poor administrator who does not know how to delegate responsibilities wisely. In trying to play the part of a good administrator, I sent a letter to all district associations last May asking them to outline what they considered the proper objectives and functions of NATH so that the House of Delegates could vote intelligently on our budget for 1955. Not long afterwards, I discovered that the members of our program committee were even better administrators than I, for they tossed the problem right back to me and assigned me as the topic for this evening; "Why a Nurses' Association?" In giving you my thoughts on this subject, I shall try to follow the advice for after-dinner speakers quoted by one of our Sisters: "Be brief, be bright, begone!"

In its 1954-1956 platform the American Nurses' Association states that its over-all purposes are "to foster high standards of nurse practice and to promote the welfare of nurses to the end that all people may have better nursing care." We are members of the American Nurses' Association through our identification with NATH, and therefore have the same objectives. However, our approach to the fulfillment of these objectives may be somewhat different from that taken by our parent organization.

In presenting reasons for the existence of NATH, I shall try to bring the purposes of our national organization to the level of our state association, as well as to touch upon any objectives that might be specific to Hawaii. In addition, it will be necessary to point out why a nurses' association is important as far as the profession itself is concerned. If there is strength in numbers, nurses ought to be in a particularly effective position to bring about the attainment of their objectives, since they constitute the largest group in all the health fields. In hospitals, they also outnumber all other types of workers and frequently account for more than 50% of the payroll.

For convenience, I shall try to justify the existence of a nurses' association in terms of how it effects the profession of nursing, society, the nurse herself, and lastly society and the nurse together. There will be some overlapping.

Reasons Pertaining to the Profession of Nursing Itself

1. A nurses' association is necessary for the very recognition of nursing as a profession. One of the Flexner criteria for professional status is that the workers in the field be self-organized and enjoy autonomy. How could nurses bring about any improvements in nursing if they were not bound together by association ties? A nurses' association increases public respect for the profession.

2. According to Milton Lesnick, a legal authority, two basic rights of a profession are security and identity. Surely neither of these two objectives could be attained without a nurses' association to propose a definition of nursing, to study its functions and to protect its interests.

3. A very important characteristic of any profession is that it possess its own code of ethics. We all know the great variety of opinion among per-

President's dinner speech at the twenty-fourth annual convention, Nurses' Association, Territory of Hawaii, September 22, 1955, in Lihue, Kauai.

haps half a million nurses as to what constitutes proper professional conduct. A unifying organization is needed to work out and adopt a written code designed to safeguard the rights of all.

4. A second Flexner criterion states that a profession must have an educationally communicable body of knowledge. It would be extremely difficult to develop a scientific and comprehensive knowledge of nursing without the benefit of many individuals working together and contributing their findings in an organized manner. Then too, the official organ of a nurses' association is extremely important in preserving information obtained, bringing it to the attention of countless other nurses, and stimulating new thought and experimentation. Without an organization to foster learning and the publication of special studies, nursing literature would show great regression.

5. And lastly, nursing needs to be organized in order to make pronouncements in its own name or to publicize any action it wishes to be taken for the improvement of health and the prevention of disease.

When organized, nurses should make every effort to improve the structure of their association so that action will be facilitated and the program of the organization constantly improved.

Reasons Pertaining to Society

1. Nurses have an obligation to do whatever lies within their power to provide adequate, safe and comprehensive nursing care for society. It is evident that no individual or small group of individuals can assume this responsibility. It takes the concerted effort of hundreds of thousands of nurses in America to see that our countrymen obtain the best possible nursing care. The American Nurses' Association must cooperate with the National League for Nursing in seeing that nursing services are well organized, fairly distributed and properly utilized. An organization that receives the support of all nurses, and regarding whose policies all nurses have the right to vote, should determine standards of nursing service. This same organization should make a consistent effort to promote, conduct and further research so that the quality of nursing service offered to society will be continually improved.

2. Nursing needs to be organized in order that nurses may take their rightful places on committees and commissions that represent several professions and meet to assist, encourage and foster activities of a scientific or charitable nature. A nursing association should help its members to be more articulate in civic affairs. It should acquaint members with opportunities for non-nursing as well as nursing community service and encourage them to participate in public benefit activities to the greatest extent possible.

3. A nurses' association is the most logical source of overall information on nursing for prospective students in schools of nursing. While the National League for Nursing assumes primary responsibility for this function and also for attracting candidates to the profession of nursing in numbers large enough to meet the nursing needs of the nation, individual members of the American Nurses' Association and its constituent units can do much to help. They can assist in encouraging young women to enter schools of professional or practical nursing by the inspiration of their example and by their friendly relationships with high school students.

4. On organized nursing falls the responsibility of preparing nurses for possible atomic disaster or other catastrophes. Such preparation needs the combined efforts of all in the field of nursing to be effective.

5. And lastly: without a nurses' association here in Hawaii or in the United States we would have no official connection with the millions of nurses in other countries. And if there were no International Council of Nurses we would lose the priceless opportunity of exchanging ideas with nurses of other nations. Both the people abroad and those in America would suffer loss if such an organization did not exist. The cause of world health can be best served by the combined efforts of all health organizations.

The reasons for the existence of a nurses' association that pertain to society are very important. It would be well to examine them during this convention in terms of what we are doing here in Hawaii.

Reasons Pertaining to the Nurse

1. Organized nursing should help the individual nurse become a better practitioner. While it is the function of the National League for Nursing to promote better basic and advanced programs in nursing education and to accredit them, the American Nurses' Association can improve nursing practice by offering workshops and institutes, and by providing association programs that help to keep nurses up to date on the newest advances in nursing.

2. A nurses' association also furnishes opportunities for social contact. There is a definite relationship between professional and personal growth, and organized nursing should help the nurse to become not only a better nurse but also a better woman and a better citizen. The nurse needs

an organization to which she can go when she faces problems of a personal or a professional nature which she cannot solve alone.

3. A nurses' association is the logical organization for improving the economic welfare of nurses. Not only should it see that the nurse has satisfactory standards of employment but it should also help her to provide for sickness, accident and old age and to protect herself against professional liability suits. The nurses' association can act as the collective bargaining agent for groups of nurses if they choose. Sometimes nurses are in need of loans or outright grants for educational purposes or because they are destitute. Organized nursing certainly should claim some share of the responsibility for helping needy members and it is well if it can also offer loans or scholarships for the advanced education of some of its members. Nursing organizations should study situations that present legal dangers to nurses and they should keep the members of the profession acquainted with legal implications of the work they are doing.

4. Nurses working together should define their standards, functions and qualifications for practice. This is basic to the sound performance of nursing duties. While there will be deviations in local situations, a nurses' association should develop state and national norms for each type of position held by nurses.

5. Organized nursing can be very effective in improving interpersonal relationships for nurses at home and abroad. Through the media of professional journals, newspapers, radio, television, posters and other audio-visual aids, as well as by talks and by contacts made at various gatherings, it can help to bring about a greater understanding and sympathy for nurses and their undertakings.

Reasons Pertaining Both to Society and to the Nurse

1. Through the efforts of organized nursing, licensing laws have been enacted to protect the public from unqualified practitioners and the nurse from unfair competitors.

Licensing laws once set up do not continue indefinitely to meet the needs of the public and the nursing profession. A nurses' association needs to give them periodic scrutiny and to work toward their revision when the need arises.

2. Other legislation proposed at sessions of Congress or state legislatures has tremendous implications for the health of the nation and the welfare of nurses. Without proper organization, nurses cannot hope to make their influence felt.

3. A nurses' association can do much to bring about a better feeling toward minority groups be they represented by nurses themselves or other citizens. It is difficult for one nurse working alone to overcome prejudice but concerted action can produce very happy results. This has been proved by the major accomplishments of the American Nurses' Association regarding Negro memberships in State Associations.

4. Another function that can be carried out most effectively by a nurses' association is the operation of a professional counseling and placement service. It takes nurses to know the demands of various positions and to place nurses wisely. By means of the American Nurses' Association Professional Counseling and Placement Service, nationwide referral of vacancies and available nurses can be made. The placement service offered by the ANA and various state bureaus is of great value both to employers of nurses and to the nurses themselves.

There are probably many other reasons why nursing associations are needed. You may think of many more during this convention. There is no doubt that we need a nurses' association, and a very active one at that. What we ought to do during this convention is to list the objectives that we consider most important and then to formulate our program. Deciding what our budget will be should be fairly easy after that. If the old adage, "put a church in debt to make it grow" applies to our association, we should make great progress within the next few years.

SISTER MARY ALBERT, *President*
Nurses' Association,
Territory of Hawaii

TERRITORY OF HAWAII
DEPARTMENT OF THE ATTORNEY GENERAL
HONOLULU

August 30, 1955

Miss Leona R. Adom, R.N.
Executive Secretory
Board for the Licensing of Nurses

Deor Miss Adom:

Reference is mode to your letter of August 3, 1955 wherein you inquire whether on introvenous injection given by a registered nurse must be in the presence of the prescribing physicion.

The opinion of this office rendered Morch 24, 1955 (WYHY:PH 215:26:OLC) thot such injection must be in the physical presence of the physicion is overruled. There is nothing in Act 103, Laws 1945, os amended by Act 240, Laws 1947, which requires the physical presence of a physicion.

Accordingly you ore advised thot o registered nurse is outhorized by law to administer intravenous injectians under prescriptian af a physician but the injection need not be in the physicol presence of such physician.

Yours very truly,
(s) EDWARD N. SYLVA
Attorney General

CMA ADOPTS RESOLUTION ON INTRAVENOUS ADMINISTRATION OF FLUIDS

Because of prohibitions in the California Medical Practice Act, the nursing profession has for years discussed the legality of registered nurses beginning and completing the intravenous administration of fluids.

Nurses have considered two aspects of the problem:

1. Is it a medical procedure which a doctor might legally delegate to a properly qualified nurse to perform under the doctor's order and supervision?
2. Is it a nursing procedure which could be performed by a qualified nurse upon a doctor's order, but without his supervision?

Registered nurses have understood and accepted the fact that the intravenous administration of fluids is a medical procedure which a doctor might legally delegate to a properly qualified nurse to perform under his order and supervision.

Since the problem is a vital one in any disaster program, and since it is a constantly reappearing question in the general practice of nursing, the California State Nurses' Association many months ago asked the California Medical Association for a statement on its position upon the second question.

In May, 1954, the House of Delegates of the California Medical Association adopted a resolution on the general subject. In October, 1954 the California Hospital Association sent a communication to its members stating the problem and quoting the Medical Association Resolution.

With the consent of the medical association, the resolution is reproduced here.

> WHEREAS, The intravenous administration of fluids is an increasingly important part of the management of patients; and
>
> WHEREAS, This method of treatment is an essential part of any disaster program; and
>
> WHEREAS, This method of treatment is a standardized technical procedure which can suitably be performed by nurses under medical supervision; and
>
> WHEREAS, This is a time-consuming procedure which can be more economically provided to the patient by the nursing personnel; now therefore be it
>
> *Resolved,* That this House of Delegates go on record as approving of the above procedure by competently trained nursing personnel, under medical supervision, and recommends introduction of instruction in intravenous technique amongst practicing nurses and into schools of nursing.

The resolution states the accepted answer to the first question stated above. It does not answer the second question: "Is it a nursing procedure which could be performed by a qualified nurse upon a doctor's order, but without his supervision?"

In evaluating any effect of the resolution, it is inevitable that the word "supervision" will receive a great variety of interpretations. It would be useful, indeed, if the medical association would advise the nursing profession what it deems is "supervision" within the meaning of its published resolution.

—The Bulletin of the California State Nurses' Association

REPORT OF THE INSTITUTIONAL NURSING SERVICE ADMINISTRATOR'S SECTION REPRESENTATIVE AT THE 1955 REGIONAL WORKSHOP FOR STATE NURSES' ASSOCIATION

The first day was spent in registration and presentation of "skits" put on by the various sections of the Nurses' Association. General discussion followed the section reports:

1. How to stimulate membership.
   a. State to offer reward to the hospital with 100% membership.
   b. Interest students in all section activities.
   c. Nurse to make personal contact with all newcomers, state or local levels.
2. Malpractice insurance: Important for nurses to investigate, as agency insurance or group insurance does not protect the nurse.

The second day was set aside for section meetings. Miss Evelyn Shattuck, Assistant Executive Secretary, INSA section, presided.

TOPICS DISCUSSED

I. Functions, Standards, and Qualifications for practice.

DECISIONS REACHED

1. Recommendation to the A.N.A., F.S.&Q. committee that consideration be given in placing on the Biennial program, the matter of the method of implementation of Functions, Standards and Qualifications.
2. Recommendations to State Examination Committees to recommend to their State Boards to give consideration in developing a code in designating classification within a section.

II. Subunits as a means of implementing Employment Standards.

1. No decision reached.

III. I.N.S.A. responsibility in encouraging quality in membership as well as quantity.

1. Whereas, membership and participation in our professional nursing organization exhibits apathy, and
2. Whereas, through the ANA nurses work for the continuing improvement of professional practice, and
3. Whereas, the role of the professional nurse in fulfilling her functions is in a state of evolution, and
4. Whereas, improving the performance of the professional nurse would reflect favorably on our organization,

   We, the participants in the I.N.S.A. Section of the Western Regional Workshop, do hereby

recommend to the Board of Directors of ANA that they give consideration to exploring ways and means of improving the quality of practice of the professional nurse in institutional nursing service.

The third day was devoted to home group discussion. The Hawaii delegates met and discussed:

1. Review of work done by section groups the previous day.
2. How to utilize knowledge gained at this workshop for the benefit of the territorial members.

Decisions reached:

1. Recommended to the NATH Board of Directors that a workshop be planned to be held centrally with district section representation utilizing the delegates attending the California Workshop as resource persons,

or

to conduct a workshop in each district, utilizing the delegates to the California Workshop as resource persons.

To those who made this trip possible, my sincere appreciation.

MRS. PATIENCE MARTELON, R.N.
I.N.S.A. Section Representative

HAWAII NURSE OF THE MONTH—MISS JANE SERVICE

By H. Neil



JANE SERVICE, R.N.

Nursing in the Territory of Hawaii has made tremendous strides in the past 30 years—both in the position which the hospital nurse holds in the community, and the advance which has been made in Public Health nursing.

We have been honored by being invited to present the first of this series of "Nurses of the Month," and have chosen as our outstanding nurse, Miss Jane Service, R.N., P.H.N.—not alone because of her pioneer work in Public Health nursing in the Territory, but also because many of her farsighted ideas laid the foundation on which others are building.

Miss Service first came to the Island of Hawaii in July, 1925—thirty years ago. She came as Supervisor of Public Health nurses on this island, and in addition served as district nurse for the area extending from Hilo to Laupahoehoe, and from the sea to the top of all plantations on this 25 mile stretch of road.

She was well qualified to take over this enormous task, having done public health work in Cleveland, Ohio, a pioneer city in public health.

Miss Service was born in Cleveland, Ohio, the daughter of Honorah and Thomas Service, and received her nurse's training in what was then Lakeside Hospital and is now a part of the Western Reserve University. Her earliest ambition was to become a concert pianist, and as a young woman she played the organ in one of Cleveland's churches to earn the money needed to follow out this ambition. After studying piano for two years in Berlin, Germany, she was forced by circumstances to abandon her musical career and return to nursing as her profession.

On her arrival in Honolulu in July, 1925, and as a preliminary to work in Hawaii, she had to learn to drive a Ford car. The instruction given her teacher by Dr. Trotter was that she must be able to drive the old Hamakua Road blindfold before she could be turned loose on it, and she did. Her Model T Ford, with its Ruxtel axle did everything but climb trees—and there were times when visiting doctors thought it was going to do just that. She drove it over the steep and narrow plantation roads which wound up the mountain, skirting deep gulches and when the road ended she climbed the trails to visit families living in these remote areas. One stormy night when she was returning from a long day in the country, her car skidded and turned over. She waited patiently, one foot through the steering wheel, until some boys came along and then, while they were speculating as to whether or not anyone had been in the car, scared them witless by announcing in a small voice, "Yes, I'm here." The boys wanted to "rush her to the hospital," but she refused. She was battered and bruised—but on duty the next day.

Nothing daunted her, and nothing stopped her from visiting every family on the lists of her nurses (and there were only five besides herself for the entire island in those early days), or from following through on a project which she felt was for the good of her staff or the work they were doing.

To use an old-fashioned phrase, Miss Service had the courage of her convictions. Many of the public health nurses serving in the Territory today received their early training under her. They tell us that they learned from her what was right and what was wrong in their approach to the people and their problems; and they learned loyalty—

loyalty to each other and to their department. And she never let them down. Difficulties which arose were investigated, corrected and disposed of in the privacy of her office, and then forgotten. There was no time to spend on petty bickerings or recriminations. Her strong character and personality, and her absolute integrity and keen mind, carried her through many a rough spot, and accomplished much for the welfare of the people on the Island of Hawaii.

The work of the Nurses' Association, both County and Territorial, was always of extreme interest to Miss Service. She joined the County association as a charter member in 1927, and served as its President and on the Board of Directors. Her interest in the Association and her efforts on its behalf continued through the years until her death almost twenty years later.

In 1932, with a small group of citizens, she helped to arouse interest and to organize the Tuberculosis Society of Hawaii.

The welfare of children was always of prime importance to Miss Service, and it was under her leadership as supervisor that the outstanding school program now in effect on the Island of Hawaii, and in which the public health nurses play such a vital part, was begun.

In May, 1943, Miss Service was honored by the presentation of a life membership in the National Organization for Public Health Nursing, in recognition of her eighteen years in public health nursing service in the Territory. An editorial appearing in the Hilo Tribune-Herald on May 26, 1943, read in part:

> The many thousands of Big Island residents who have been the beneficiaries of Miss Service's work, and the many others who have admired her for the efficient, cheerful manner in which she has gone about her tasks unanimously applaud her upon winning an honor she so richly deserves.
> In this case, if we may be excused for a pun, Miss Service's name is not synonymous with service, it IS service.

Miss Mary Williams, Director of the Territorial Board of Health's Bureau of Public Health Nursing, said:

> Miss Service is respected throughout Hawaii and the Territory for her staunch and untiring efforts in behalf of health and social work. Her quick wit and many sided interests have brought her a host of friends.
> Her co-workers in public health nursing are glad of the privilege of so honoring Miss Service at this time.

Of the many honors shown her during her lifetime, none touched Miss Service quite so deeply as that conferred upon her by the Hawaii County Nurses' Association, in the purchase of a chair bearing her name in the Mabel Smyth Memorial Auditorium in Honolulu.

After working through the war years she retired from active duty in June, 1944, and died in the tidal wave on April 1, 1946.

Because of her lifelong interest in nurses and their welfare, a memorial shelf has been placed in the Hawaii County Library, where books and magazines of professional interest to nurses are available for their use.

Her death was tragic, and her loss felt keenly by her many friends, but as one of her nephews said at the time, "Jane lived adventurously and she died adventurously, and that is what she would have wanted." The work in which she pioneered is growing with the years. It is appropriate that her last resting place is the Big Island, which she loved and served for two decades.

Hers was a valiant spirit.

MAE D. MARCALLINO, R.N.

TERRITORY OF HAWAII
DEPARTMENT OF THE ATTORNEY GENERAL

Mrs. Dorothea M. Spears, R.N.
Executive Secretary
Board for the Licensing of Nurses

Dear Mrs. Spears:

In answer to your request by letter dated September 21, 1955 relating to malpractice insurance for professional nurses, this office advises you that it would be of benefit to the professional nurses to take out malpractice insurance. A professional nurse is always liable for her own negligence even though the Territory is immune from suit.

(s) WADSWORTH Y. H. YEE
Deputy Attorney General

September 26, 1955

WORKSHOP FOR PROBLEMS OF THE MENTALLY RETARDED

A course on Problems of Mentally Retarded was held at the University of Hawaii this summer. Dr. Edgar Doll, Consultant Psychologist, District of Bellingham, Washington, was the instructor. Public health nurses attended the workshop and found the subject most stimulating and worthwhile. Dr. Doll's lectures were chiefly based on the psychological viewpoint of understanding the whole child and his relationships with parents, siblings, teachers, and others. The course included guest speakers, panel discussions, observation of demonstration clinic, group discussions, craft work, and a visit to the Waimano Home.

Mental deficiency was defined by Dr. Doll as a condition in which the person affected is unable to manage affairs of self at maturity because of developmental retardation. In the recognition of mental deficiency, psychological tests are necessary tools. But other factors which must be in-

cluded to adequately diagnose are measurement of social competence, recognition of emotional disturbances, health and physical conditions, environmental influences, and information of the family history.

Today in many parts of the United States mongoloid children are kept at home rather than in an institution or in so called residential schools. Parents are learning how to handle these children through parent groups and more adequate examination and therapy. Observation at the University of Hawaii demonstration clinic was part of our program. In this special class there were nine mentally slow children with and without physical handicap. One of them was a nine year old mongoloid child. In the beginning she required extra attention and supervision because of her overactive and destructive behavior. After three weeks this child exhibited considerable improvement, and the teacher seemed to have less instructional problems with all children. It is known that when a competent teacher has a primary interest in these children, she is able to relax the children so that their interests become known and some progress in teaching is gained. Dr. Alfred Church, Deputy Superintendent of Special Services, Department of Public Instruction, discussed the program for exceptional children in Hawaii. Funds were increased to allow for classes in educable children in more schools.

The medical aspect of mental retardation was well presented by Dr. Herman Yannet, Medical Director of the Training School at Southbury, Connecticut. He is also a Professor of Pediatrics at Yale Medical School. There are three types of mental retardation—idiot, imbecile, and moron. The new and more acceptable terms now used are: high grade mentally retarded, severely retarded, and moderately retarded.

Physicians are aware that approximately 90% of mental defectiveness occurs during fetal life, 5% in natal and paranatal, and 5% in postnatal. In fetal life, out of 90%, 35% of individuals have normal inferior genes, 5% abnormal mutant genes, and 50% may be due to infection, irradiation, Rh factor, mongoloidism, cretinism, and non-specific causes. Rare diseases caused by abnormal mutant genes are: phenylpyruvic oligophrenia, in which phenylalanine is not metabolized right; galactosemia, caused by carbohydrate metabolic disturbance; degenerative disease of central nervous system caused by omission of enzyme necessary to metabolize fat, dysplasia and malformation. Natally and paranatally, birth injuries, placental defects, toxemia and prematurity may account for mental retardation. After birth, infections, trauma, lead poisoning, immunization accidents and vascular accidents may cause injury to the brain. There is an increased knowledge in the etiology of mental defectiveness, many of which could be prevented through medical and public health measures. Although a child may rarely be cured, maximum care should be provided.

FRANCES NAKAMURA
Public Health Nurse

DID YOU KNOW

That a gold medal was awarded bedside nurses —private duty, hospital staff nurses and public health nurses—in 1938? The medal, mounted on a blue background and framed, hangs on the wall of the NATH office. On one side of the medal is the head of Florence Nightingale and inscribed around the edge are the words "The Walter Burns Saunders Memorial Medal." On the reverse side is a lamp with the words "Awarded to those who have devoted their professional lives to sympathetic and intelligent bedside nursing—April, 1938." Below this are the words "Distinguished for service in the cause of nursing."

This medal had been awarded to seven individual nurses whose achievements in nursing had been outstanding, but in 1938 the committee wished to recognize *all* nurses, so the medal was presented to ANA at the Kansas City Biennial and replicas were given to all the association presidents at this meeting.

Come in and see it.

PUBLIC HEALTH NURSES FOR INTERNATIONAL VOLUNTARY SERVICES, INC.

International Voluntary Services is a nonprofit corporation, consisting of thirteen top echelon officials from that number of church denominations, which contracts with ICA (Point Four) and other agencies for the purpose of recruiting and sending, to certain underdeveloped countries in the Near and Far East and Southern Asia, teams for village or community development projects. These teams usually consist of from five to seven people, all of whom are technicians with a competency in some division of agriculture such as animal husbandry, poultry husbandry, soils, agronomy, etc., with the exception of two team members, one of whom must be a home economist and the other a public health nurse.

These teams establish brief training schools (not more than six months in length) in which the fundamentals of the above fields are very briefly presented and the products of these schools

are sent out to live and work in surrounding villages under the supervision of our village development teams composed of the above five to seven members.

At the present time we could use up to a half dozen nurses. All expenses of transportation and living, including housing, subsistence, clothing, life, health and accident insurance, etc. are provided for these team members. In addition, they receive during the first year $60 per month. This is raised later to $100 per month in addition to all other expenses.

It requires personnel on these teams who are "dedicated" and motivated from the standpoint of Christian service. These teams, however, are not permitted to propagandize or proselytize. They are required to seek the development of the areas in which their project is located. The formula of operation has become reasonably well fixed but the development of these programs very largely is left to the leadership of the team under whose direction the project may be operated.

At the present time we have teams in operation in Egypt, Jordan, Iraq, Nepal and Laos and have reason to believe that we will have additional teams in other countries in the near future.

Make application to:

J. S. Noffsinger, Executive Director
International Voluntary Services, Inc.
1101 Connecticut Avenue, N. W.
Washington 6, D. C.

ADVANCED EDUCATION GRANTS AND FELLOWSHIPS

Research grants and research fellowships in the field of nursing will be available from the Public Health Service, Department of Health, Education and Welfare, in the fiscal year that began July 1, Surgeon General Leonard A. Scheele announced.

A total of $625,000 was appropriated by Congress for this purpose. Previously, grants for research in nursing were made in limited numbers from non-earmarked funds available for general medical research.

The expanded program of grants and fellowships is designed to support investigations into ways and means of improving quality of nursing care, training nurses in research method applicable to nursing problems and making better use of the limited supply of professional nurses.

The grants in most cases will be made directly to universities, hospitals, health agencies, or professional groups, under whose auspices the research projects will be carried out.

The research fellowships will be offered only to nurses, for the purpose of receiving special postgraduate training in research methods. Fellowships may be used for graduate research study in universities or for research training provided by any health agency or research center. To be accepted for a fellowship, a nurse must be sponsored by the university or agency where the training will be given.

Applications will be reviewed by a study section representing the nursing and medical professions, hospitals, public health, and the social sciences. Applications may be submitted to the Division of Research Grants, National Institute of Health, Bethesda 14, Maryland.

THE MARY M. ROBERTS FELLOWSHIP IN JOURNALISM FOR NURSES

This award is intended to help nurses serve their own profession better. Nursing needs competent writers who can contribute to its publications, who can convincingly present its aims, opportunities, and problems to nurses, to members of other professions, to the public. Furthermore, qualified nurses for the few but important positions on nursing publications are always difficult to find.

This award, unlike scholarships leading to positions in nursing and nursing education, underwrites a year of study in writing techniques, enabling a talented nurse to develop her skill so that she can write for and about her profession in both professional and lay publications.

The winner receives a minimum of $3,000, derived from the Journal Company funds, for one academic year of study in a recognized college or university which she chooses; her program of study must place emphasis on writing and journalism and be approved by the Fellowship Committee.

Application forms may be obtained by writing to the Roberts Fellowship Committee, American Journal of Nursing Company, 2 Park Avenue, New York 16, New York.

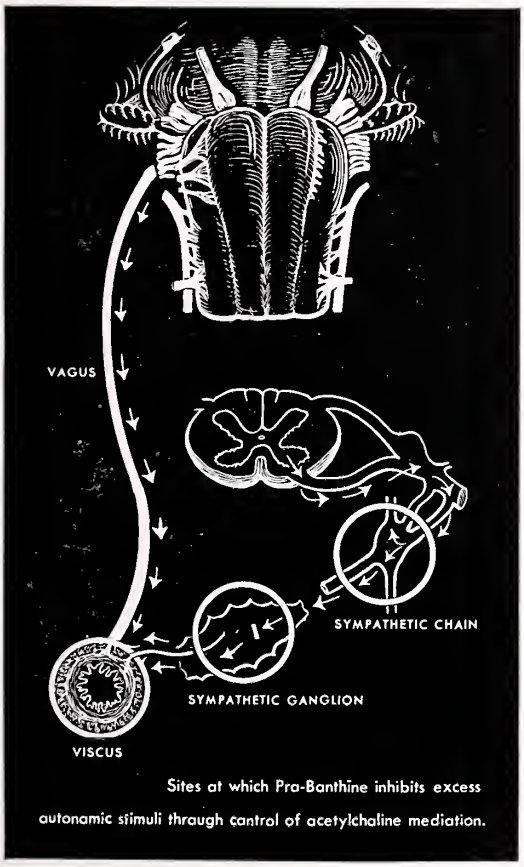
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Pro-Banthine (β-diisopropylaminoethyl xanthene-9-carboxylate methobromide, brand of propantheline bromide) is available in three dosage forms: sugar-coated tablets of 15 mg.; sugar-coated tablets of 15 mg. of Pro-Banthine with 15 mg. of phenobarbital, for use when anxiety and tension are complicating factors; ampuls of 30 mg., for more rapid effects and in instances when oral medication is impractical or impossible.

For the average patient one tablet of Pro-Banthine (15 mg.) with each meal and two tablets (30 mg.) at bedtime will be adequate. G. D. Searle & Co., Research in the Service of Medicine.

---

1. Schwartz I. R.; Lehman, E.; Ostrove, R., and Seibel, J. M.: Gastroenterology *25*:416 (Nov.) 1953.

2. Roback, R. A., and Beal, J. M.: Gastroenterology *25*:24 (Sept.) 1953.

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THERE'S anticipated pleasure when the patient sees an appetizing, colorful glass of wine on the table or tray—wine adds that touch of "elegance" which gives a psychological lift at a time when it is most needed.

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Recent controlled research shows that just 2 or 3 oz. of a dry wine can markedly increase olfactory acuity, increase the desire for food (as in anorexia) and actually aid digestion.

The effect of wine on free and total gastric acidity has been found to differ markedly from that of plain alcohol. Because of the buffering action of its phosphates, organic acids and tannins, the action of wine is gentler and more prolonged.

Wine is also notable for other desirable vasodilating, diuretic, and relaxant properties, and helps to allay restlessness and irritability in the sick and elderly.

A little Port or Sherry at bedtime affords a valuable aid to normal sleep and may obviate the need for sedative medication.

Recent results of laboratory and clinical research on the medical attributes of wine have been condensed into a small brochure entitled "Uses of Wine in Medical Practice." A copy is available to you—at no expense—by writing to: Wine Advisory Board, 717 Market Street, San Francisco 3, California.

H. M. S. A.

(*Continued from Page 140*)

the type of benefits they request, maintaining its service features and keeping separate statistics for such groups to avoid any influence of claims experience of the majority of members. These experiments have assisted HMSA to develop true costs of many new benefits which have been incorporated into basic plans without any rate increase to the member.

In addition to the basic plans, HMSA has a Comprehensive Plan and an Extended Benefits Plan, and as of June 1, 1955 the medical profession established the Community Group Medical Plan, which offers far more services than have ever been offered through a medical plan locally. This plan is available to all current HMSA groups who qualify, as well as prospective groups. With the continued cooperation of the doctors, hospitals and the public HMSA looks forward to fulfilling the goal of the Blue Shield Plans by offering the best possible plan at the lowest possible cost.

LIBRARY

(*Continued from Page 142*)

Blacklock, D. B. *A guide to human parasitology.* 2nd ed. 1935. (gift of Dr. Irwin)

Coman, D. R. *The technique of post mortem examination.* c1934. (gift of Dr. Irwin)

Gotten, H. B. *Physicians' office attendants manual.* c1955. (gift of publisher)

Hayt, Emanuel. *Law of hospital, physician and patient.* 2nd ed. rev. and enl. c1952. (from Board of Medical Examiners)

Hazen, E. L. *Laboratory identification of pathogenic fungi simplified.* c1955. (gift of publisher)

Quarterly cumulative index medicus. v.53. Jan.-June 1953.

Reed, S. C. *Counseling in medical genetics.* c1955. (gift of publisher)

Woodard, Christopher. *Sports injuries.* 1954. (gift of publisher)

BOOK REVIEWS

(*Continued from Page 143*)

Communicable Diseases.

By Franklin H. Top, M.D., Third Edition, 1208 pp., illustrated. Price $18.50, C. V. Mosby Company, 1955.

This is a compact, completely revised, up-to-date and comprehensive book dealing with communicable diseases. There are excellent discussions regarding sulfonamides and antibiotics and their use in prophylaxis and treatment. There are also excellent articles on Histoplasmosis, Cat-scratch fever, Viral Hepatitis and Atypical Pneumonia. The only criticism I have to offer is that there is no discussion on plague. Salmonellosis is classified as a food infection and "only occasionally communicable" which is, in my opinion, a questionable statement. This book can be recommended to anyone interested in communicable diseases and their control.

JAMES R. ENRIGHT, M.D.

(*Continued on Page 168*)

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Recipes for preparation of foods needed in special diets furnished without extra charge.

Diets adapted to food habits of individuals.

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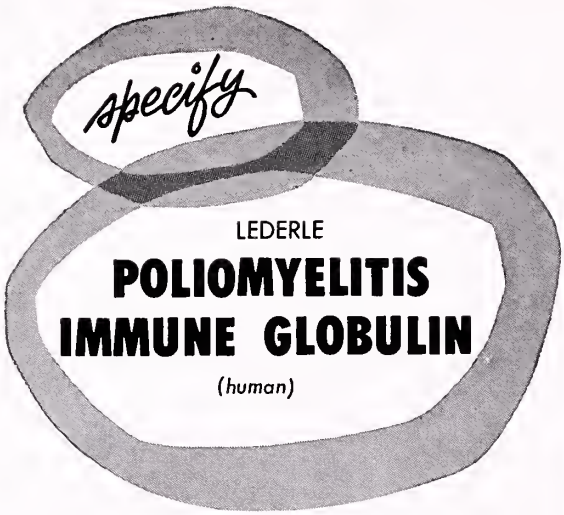
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1. Selling, L.S.: J.A.M.A. 157: 1594 (April 30) 1955. 2. Borrus, J.C.: J.A.M.A. 157: 1596 (April 30) 1955.



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BOOK REVIEWS

(*Continued from Page 165*)

Ciba Foundation Colloquia on Ageing—General Aspects.

Edited by G. E. W. Wolstenholme and Margaret P. Cameron, 255 pp., Price $6.75, Little, Brown & Co., 1955.

This volume from the Ciba Foundation Colloquia on Ageing brings up to date the opinions of the best world authorities on this disease. The Ciba Foundation is an educational and scientific charity for the promotion of international cooperation in medical and chemical research.

The method of presentation is excellent. An authority gives a short chapter on one phase, i.e., "Mental Aspects of Ageing" or "Effects of Ageing on Respiratory Function," etc. At the end of each presentation, several authorities ask short pointed questions which are discussed in kind.

The book is a "general exploration and appreciation of the present position in regard to opinion and experiment on the processes associated with or directly involved in the changes occurring in tissues with age."

Many experiments are reported to show that various tissues age in different ways and at different rates. Rapid maturing and overeating seem to hasten age but all tissues slowly deteriorate. The arteries, for instance, even when they show no atheromata, still show a change. "Ageing of the arterial wall is a gradual diffuse distention due to the progressive deterioration of the elastic tissue." As one reads on, one realizes there is much more experimentation and observation necessary before a full understanding of the whole process of this inevitable disease is attained.

Perhaps the most important of the opinions expressed is that all should think more about the amazing adaptability of the various tissues after they have been damaged. It is emphasized that less thought should be given the amount of damage and more about the ability of the organs to adjust successfully to smooth living in spite of quite extensive damage.

NILS P. LARSEN, M.D.

Selection of Anesthesia.

By John Adriani, M.D., 327 pp., Price $6.50, Charles C. Thomas, 1955.

This book was written primarily for the surgeon who must on many occasions decide on the method of anesthesia as well as select the anesthetic agent. The pharmacological and physiological actions of the anesthetic drugs as well as of the adjuncts of anesthesia are sufficiently covered, with emphasis on the clinical aspects, in order that a rational basis for the selection of anesthesia may be developed. Sections on (1) diseases complicating the surgical condition and their relation to anesthesia and (2) choice of anesthesia in relation to operation to be performed also serve as a guide in the selection of the anesthetic agent and method.

It would be particularly valuable for the surgeon to read Chapter XVIII on the causes of operating room deaths in order that awareness of the mechanisms and time occurrence of disaster in relation to the course of anesthesia may be of value in averting disasters.

LUKE M. TAJIMA, M.D.

(*Continued on Page 170*)

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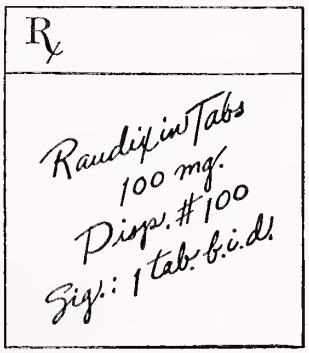
In hypertension, Raudixin produces a gradual, sustained lowering of blood pressure. In addition, its mild bradycardic effect helps reduce the work load of the heart.

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- Raudixin is not habit-forming; the hazard of overdosage is virtually absent. Tolerance and cumulation have not been reported.
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*Ataractic, from ataraxia: calmness untroubled by mental or emotional excitation. (Use of term suggested by Dr. Howard Fabing at a recent meeting of the American Psychiatric Association.)



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BOOK REVIEWS

(*Continued from Page 168*)

The Plasma Proteins in Pregnancy.

By Harold C. Mack, M.D., 118 pp., Price $3.75, Charles C. Thomas, 1955.

This is No. 252 of the American Lecture Series and, like all its predecessors, is a small slick paged leather bound volume rather sturdily put together. The printing is large and easily read. Illustrations, diagrams, and tables are few but adequately illustrative and explanatory.

The book concerns itself with the plasma proteins and their marked variability in pattern even in health. Then it discusses the proteins of the plasma in normal pregnancy. The third large subject dealt with is the alterations of the plasma proteins in the toxemias of pregnancy. Finally the fetal plasma proteins are considered.

This is an excellent summary of a great deal of work and some of the knowledge of the chemistry and physiology of the plasma proteins. For the experimentally minded it is a valuable reference, especially because of its copious bibliography. Unfortunately its general practical value is limited, since a great deal of the discussion centers about work conducted with the moving boundary type (Tiselius) of electrophoresis.

W. Harold Civin, M.D.

The Postural Complex.

By Laurence Jones, M.D., 156 pp., illustrated, Price $9.75, Charles C. Thomas, 1955.

This book concerns the relation of posture to neuralgic pain. It is well written and easily read. The illustrations are excellent.

The author's discussion of paleontology and evolution for 20 pages is too long and detracts from the book's value. I am sure many readers will fail to get through it to the worthwhile part.

The relationship of posture to neuralgia, especially low back, leg, and foot pain, is presented well. A chapter on differential diagnosis would add much to the book's worth.

The chapters on treatment and case presentations are excellent. Though this book deals only with an orthopedic subject, I am sure many other physicians will enjoy this book.

John J. Brennan
Lt. Colonel, MC

Cancer Cells.

By E. V. Cowdry, 677 pp., illustrated, Price $16.00, W. B. Saunders Company, 1955.

This volume reviews a great deal of the experimental work on, and theoretical considerations of cancer in a scholarly and orderly fashion. Etiology, histology, physiology, prevention, geography, diagnosis, treatment, prognosis and research are also covered. A most extensive bibliography is appended and if for no other reason except as an index for future reading, this book is of value to those interested in oncology. However, all phases are adequately covered, particularly as stated before from the experimental and theoretical standpoints. This book would be of great help to those oncologically oriented.

The book is well bound, the print is moderately large and easily legible, the pictures, tables, and diagrams are clear and supplement the text well.

W. Harold Civin, M.D.

Hematology.

By Cyrus C. Sturgis, M.D., Second Edition, 1,222 pp., Price $19.50, Charles C. Thomas, 1955.

This is an enormous tome of some 1,222 pages and it has taken me three months to read it. Nevertheless, it has been enjoyable and instructive. The broad clinical experience and background of the author are apparent throughout this book. He emphasizes the historical approach which aids the understanding and evaluation of many hematological topics. The bibliography is extensive but well chosen. Anyone with a blood problem will find this a valuable source book.

J. L. Bell, M.D.

The Prevention of Disease in Everyday Practice.

By Isadore Givner, M.D., and Maurice Bruger, M.D., and contributors, 964 pp., Price $20.00. The C. V. Mosby Company, 1955.

Prevention of disease in the past has been thought of largely in terms of the communicable diseases or those caused by definite infectious agents; thus vaccines have been developed.

In recent years, the horizon of preventive medicine has been broadened to include many non-infectious diseases such as cancer, heart disease, poisoning, peripheral

(*Continued on Page 180*)

5 HOURS . . . NOT 3 MONTHS

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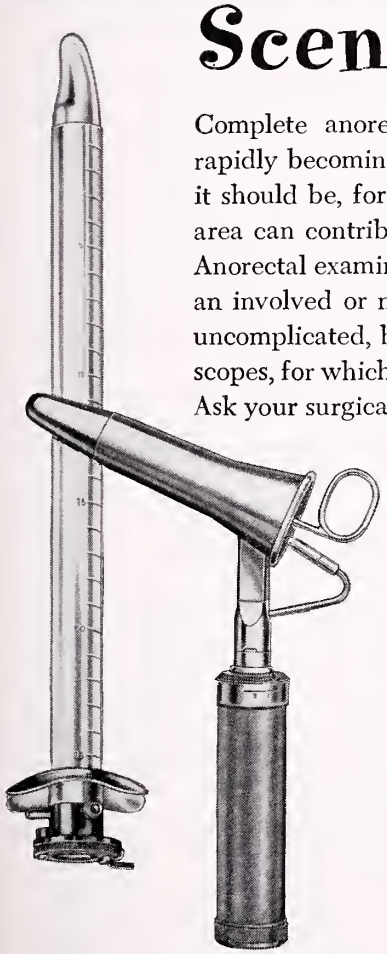


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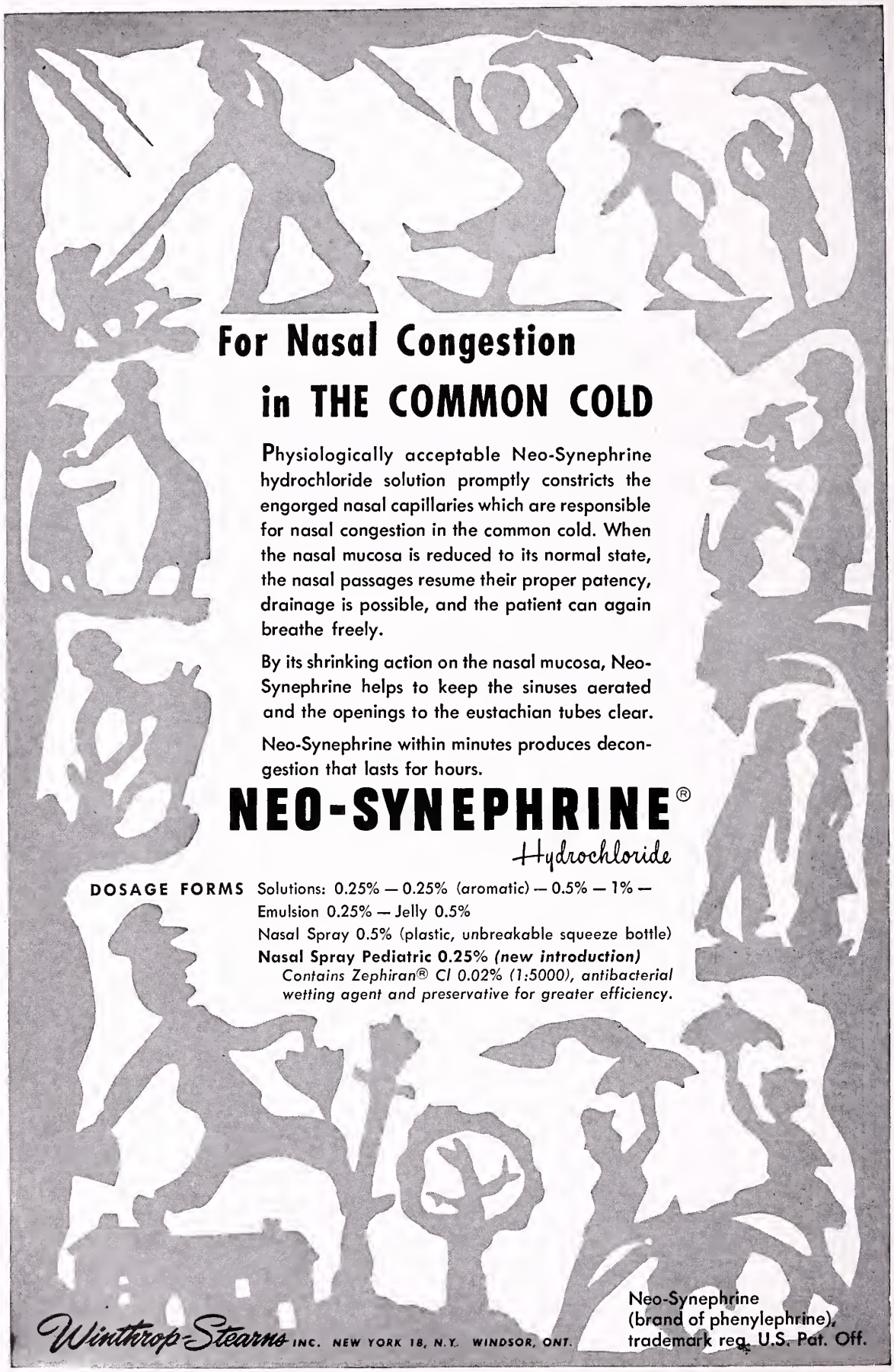
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Physiologically acceptable Neo-Synephrine hydrochloride solution promptly constricts the engorged nasal capillaries which are responsible for nasal congestion in the common cold. When the nasal mucosa is reduced to its normal state, the nasal passages resume their proper patency, drainage is possible, and the patient can again breathe freely.

By its shrinking action on the nasal mucosa, Neo-Synephrine helps to keep the sinuses aerated and the openings to the eustachian tubes clear.

Neo-Synephrine within minutes produces decongestion that lasts for hours.

NEO-SYNEPHRINE®

Hydrochloride

DOSAGE FORMS Solutions: 0.25% — 0.25% (aromatic) — 0.5% — 1% —
Emulsion 0.25% — Jelly 0.5%
Nasal Spray 0.5% (plastic, unbreakable squeeze bottle)
Nasal Spray Pediatric 0.25% ***(new introduction)***
Contains Zephiran® Cl 0.02% (1:5000), antibacterial wetting agent and preservative for greater efficiency.

Winthrop-Stearns INC. NEW YORK 18, N.Y. WINDSOR, ONT.

Neo-Synephrine (brand of phenylephrine), trademark reg. U.S. Pat. Off.

November 17, 1955

Dear Doctor:

In a recent sampling survey, we asked a cross-section of Island doctors to test Foremost Fresh Tasting Evaporated Milk.

We thought you'd be interested in their reactions.

91.8% replying said they could immediately notice the difference in color, taste and aroma between Foremost and the ordinary evaporated milk.

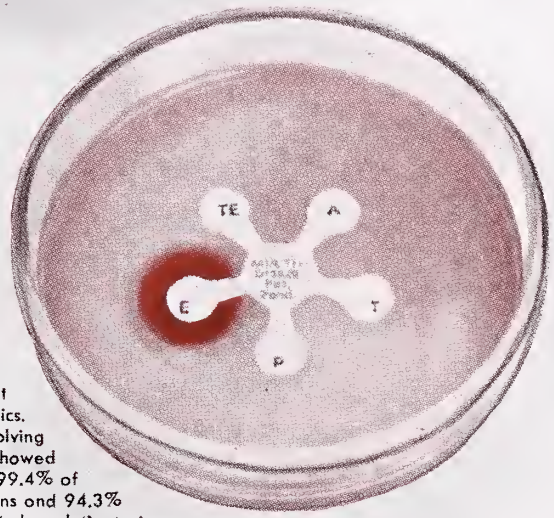
86.4% replying said that Foremost evaporated milk would be helpful in setting up special diets for patients.

91.8% replying said that they would recommend the new process, fresh tasting Foremost to patients whenever the use of evaporated milk is indicated.

94.4% replying said that they would prescribe Foremost to patients in which milk tolerance problems are indicated.

Foremost Dairies, Inc.





DESTROYS ENTEROCOCCI

This blood agar plote shows o strain of *beta* hemolytic enterococcus. Note extreme sensitivity of this organism to ERYTHROCIN—yet it easily resists the other ontibiotics. Additional data: A study[1] involving 202 enterococcic strains showed sensitivity to erythromycin in 99.4% of *alpha* hemolytic strains ond 94.3% of *beta* hemolytic strains.

specific against coccic infections

Now, you can prescribe *specific therapy* against staph-, strep- or pneumococci by simply writing *Filmtab* ERYTHROCIN Stearate. Since this coccic group causes most bacterial respiratory infections (and since these organisms are the very ones most sensitive to ERYTHROCIN) doesn't it make good sense to prescribe *Filmtab* ERYTHROCIN when the infection is coccic?

filmtab®

Erythrocin®

Erythromycin Stearate, Abbott)

STEARATE



SPARES

INTESTINAL FLORA

This sensitivity test shows ERYTHROCIN and the same antibiotics against a typical intestinal strain of *E. coli*. Note that ERYTHROCIN and penicillin do not affect this gram-negative organism —although the other antibiotics show marked inhibitory action.

1. Eisenberg, et al., Antib. & Chemo., 3:1026-1028, Oct., 1953.

with little risk of serious side effects

Since ERYTHROCIN is inactive against gram-negative organisms, it is less likely to alter intestinal flora—with an accompanying low incidence of side effects. Also, your patients seldom get the allergic reactions sometimes seen with penicillin. Or loss of accessory vitamins during ERYTHROCIN therapy. *Filmtab* ERYTHROCIN Stearate (100 and 250 mg.) is supplied in bottles of 25 and 100 at pharmacies everywhere. Abbott

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The organisms commonly involved in

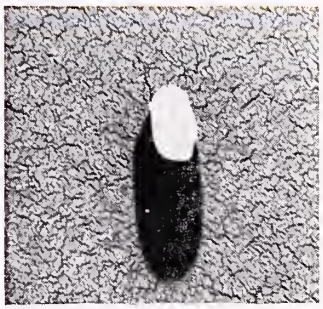
Pyelitis



E. coli (8,000X)



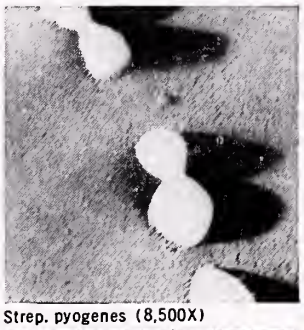
Aerobacter aerogenes (12,500X)



Salmonella paratyphi A (8,000X)



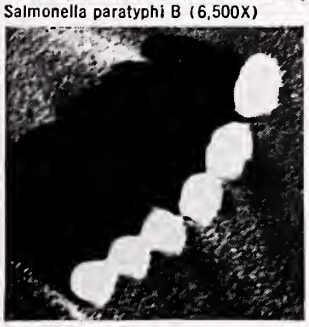
Salmonella paratyphi B (6,500X)



Strep. pyogenes (8,500X)



Strep. faecalis (10,000X)



Strep. viridans (9,000X)



Staph. aureus (9,000X)

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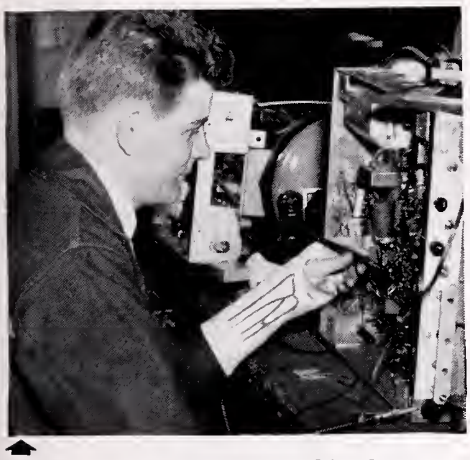
NEW MELMAC® BANDAGE provides greatly increased strength, especially in the critical early stages when ordinary plaster casts break down so easily. Bandage for bandage, MELMAC has as much *as 2 to 4 times the strength of plain plaster.*

NEW—A MAJOR ADVANCE
IN PLASTER CAST TECHNIQUE

Now MELMAC® resin plaster of Paris and catalyst combined in one ready-to-use bandage.

With this revolutionary new material, MELMAC *resin* plaster of Paris BANDAGE, you can form stronger, lighter, thinner, water-and-urine-resistant casts and splints of every type and size required. There is nothing new to learn. Simply work with fewer bandages because MELMAC BANDAGE makes casts with greatly increased strength. Use it instead of plaster in fractures and preoperative, postoperative and corrective surgical procedures. 1. Just dip MELMAC BANDAGE into tepid water for 5 to 10 seconds. Squeeze out excess water *thoroughly*. Apply. 2. Use about half the usual number (or less). 3. Result: strong, light, thin water-resistant casts—no frayed edges. 4. Same disposal of waste as with ordinary plaster of Paris. 5. Remove thin cast easily with cast cutter, knife or cast saw.

PATENT APPLIED FOR



1. *More durable—to withstand hard usage on the job.* Casts of MELMAC BANDAGE take punishment of blows and sharp objects. Less need for recasting.



2. *Lighter weight—less bulk—on this 210 lb. patient.* New casts, about half the weight of plaster, encourage *mobilization of joints* to prevent stiffness. Patient easier to lift and move in hospital and at home. Lighter casts speed recovery, shorten hospitalization.

HANDY-TO-USE ROLLS AND SPLINTS OF MELMAC RESIN PLASTER OF PARIS BANDAGE

Bandages (rolls)	Size	2″ x 3 yds.	3″ x 3 yds.	4″ x 3 yds.
	Product No.	2122	2123	2164
	Size	4″ x 5 yds.	6″ x 3 yds.	6″ x 5 yds.
	Product No.	2124	2166	2126

Splints	Size	3″ x 15″	4″ x 15″
	Product No.	2133	2134

Sensitivity. Since this product may contain traces of formaldehyde, persons who are known to be sensitive to it should be observed closely for dermatitis. Operators using the bandage repeatedly should wear rubber gloves if skin sensitivity exists.

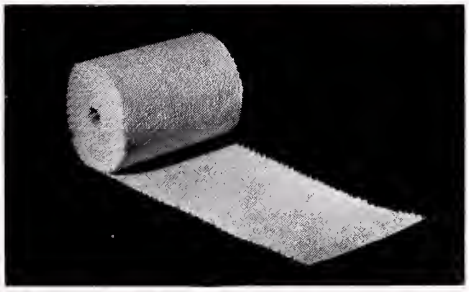
BRING YOUR OLD TYPE PLASTER OF PARIS BANDAGES UP TO DATE. Dissolve MELMAC® Orthopedic Composition, a powder, in water in which ordinary plaster bandages are wet and you will have a cast that is comparable to the new MELMAC BANDAGE cast.

3. *Less recasting—new casts resist water and urine.* Cast of MELMAC BANDAGE resists wetting and protects against other housework hazards which would decompose plaster. Washable with soap and water. *Porous,* to permit free passage of air or exudates.





4. *Thinner casts—clearer x-rays.* X-rays penetrate thin "shell" of MELMAC BANDAGE cast for clear x-ray of congenital hip, so difficult with thick plaster.



Davis & Geck

MELMAC®

resin plaster of Paris **BANDAGE**

DAVIS & GECK, Inc., a unit of American Cyanamid Company, Danbury, Connecticut.

Sutures and Surgical Specialties

BOOK REVIEWS

(*Continued from Page 170*)

vascular diseases, allergic disorders, psychiatric illnesses, etc. to list only a few of those covered by the authors of this book.

All fields of medicine, surgery and dentistry are covered from the standpoint of prevention (including much new material) by the 47 contributors of this worthwhile publication.

Because this book is so comprehensive in coverage, it should be of interest and value to all physicians and dentists (general practitioners and specialists alike).

The title is very appropriate since the book emphasizes the preventive procedures that can be carried out in everyday practice.

WALTER B. QUISENBERRY, M.D.

The Physician and the Law.

By Rowland H. Long, 284 pp., Price $5.75, Appleton-Century-Crofts, Inc., 1955.

"The Physician And The Law" is well written, and fully documented with the best of medical authorities and up-to-date legal precedents. It treats of the essentials and the necessary medical aspects of the law. It pertains especially to the medical and legal professions; to the practice of the same (legally, morally and ethically); and to the legal dangers and hazards of the practice of medicine concerning which every physician should be always on guard, be he every so eminent.

The book is primarily for the assistance of physicians and reviews thoroughly "the law of the land"; in addition, it discusses medico-legal situations and problems, with conditions and circumstances attending them, concerning which every lawyer and judge should have complete knowledge.

It behooves those who cherish their good name and fame; those who love to do justice; those who try to practice the Golden Rule, be they doctor, lawyer or judge, director, superintendent or manager of a hospital or governmental institution or agency, and each and everyone of us, to have sufficient knowledge of the contents of this medico-legal "gem" that is an authoritative guide and full compendium.

The book is recommended one hundred per cent.

JOSEPH V. ESPOSITO, M.D., LL.B.

Color Atlas of Pathology.

Prepared under the auspices of the U. S. Naval Medical School of the National Naval Medical Center, 450 pp., illustrated, Price $20.00, J. B. Lippincott Company, 1954.

This second volume continues in the format of the first. It covers diseases of the endocrine system, obstetrical and gynecological lesions, and abnormalities of the breast, male genital tract, and skin. Naturally the coverage of each of these subjects is curtailed in a moderately sized volume. However, the pictures are quite good and color reproduction is far above average. This is really a fine pictorial reference. There appears to be something imparted to delineation of a picture by the addition of color.

A prominent local dermatologist has indicated to me that the section on skin leaves a great deal to be desired. However, it is certainly as good as the coverage of the subject in most standard pathology texts.

If one uses this as a comparison atlas and does not depend too much on the small amount of explanatory material, this can be a useful text, especially if the individual is interested in pathology. Otherwise physically the book is well bound and the printing is legible.

W. HAROLD CIVIN, M.D.

Also Received

Neuroglia, Morphology and Function.

By Paul Glees, M.D., 111 pp., illustrated, Price $5.00, Charles C. Thomas, 1955.

A beautiful little volume, profusely illustrated, by an Oxford physiologist. About 300 references.

Introduction to Virology.

By Gilbert Dalldorf, M.D., 102 pp., Price $3.50, Charles C. Thomas, 1955.

Just what it says. Mainly for budding virologists.

The Medical Clinics of North America.

September, 1955—Specific Methods of Treatment, pp. 1245-1569, figs. 191-246, W. B. Saunders Company, 1955.

Several good dermatological items.

Pulmonary Diseases.

Edited by Roscoe L. Pullen, M.D., 669 pp., illustrated, Price $15.00, Lea & Febiger, 1955.

Twenty contributors discuss lung diseases.

(*Continued on Page 183*)

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The organisms commonly involved in

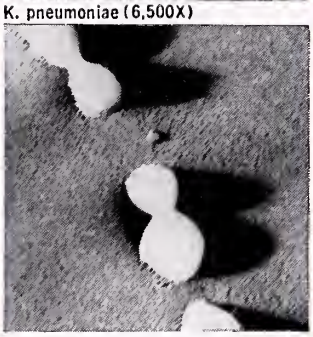
Pneumonia



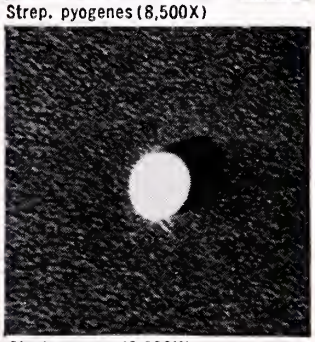
D. pneumoniae (10,000X)



K. pneumoniae (6,500X)



Strep. pyogenes (8,500X)



Staph. aureus (9,000X)

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ELECTRON MICROGRAPHS

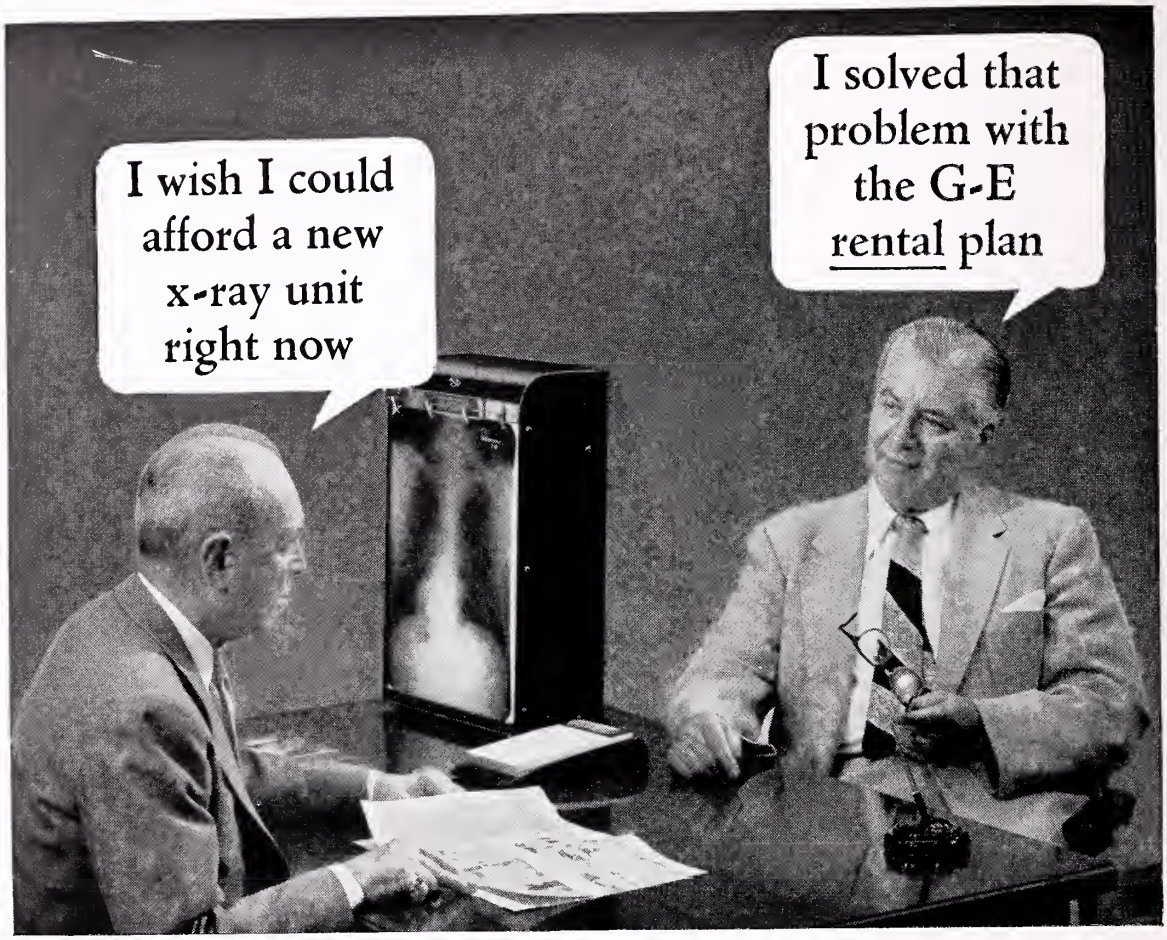
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BOOK REVIEWS

(*Continued from Page 180*)

Atlas of Distribution of Spirochetal Diseases.

Relapsing Fevers, Louse-Borne and Tick-Borne, Price $1.25 folded, $1.50 flat, American Geographical Society, 1955.

Another beautiful map and bibliography of greatest value and importance to students of epidemiology.

Pediatric Clinics of North America.

August 1955—Pediatric Urology, pp. 651-925, figs. 1-90, W. B. Saunders Company, 1955.

Nineteen articles on diagnosis and treatment of urological disorders in children by 27 authoritative American urologists and pediatricians.

Progress in Neurology and Psychiatry—1955.

Edited by E. A. Spiegel, M.D., 645 pp., Price $10.00, Grune & Stratton, Inc. 1955.

A review of 14,000 papers on clinical neurology, clinical psychiatry, basic sciences and neurosurgery. A valuable volume.

The Surgical Clinics of North America.

August 1955—Mayo Clinic Number, pp. 909-1,186, figs. 254-351, W. B. Saunders Company, 1955.

Mayo Clinic symposium on cardiac and vascular surgery.

J.A.M.A. Clinical Abstracts of Diagnosis and Treatment.

Selected by Noah D. Fabricant, M.D., 627 pp., Price $5.50, Grune & Stratton, Inc., 1955.

Selected abstracts from the current medical literature section of the J.A.M.A.

Counseling in Medical Genetics.

By Sheldon C. Reed, 268 pp., Price $4.00, W. B. Saunders Company, 1955.

A valuable reference work by the director of the Dight Institute for Human Genetics at the University of Minnesota. It is all inclusive and clearly written though the examples of replies to questions are rather wordy.

CORRESPONDENCE

(*Continued from Page 148*)

We agree that the criticisms advanced by Dr. Veldee are serious ones, deserving of a reply by those in charge of the present program. They are complex, intricate, and technical; and if sound, they appear to invalidate the present manufacturing procedures, at least so far as *complying with the stipulated minimum safety requirements is concerned.* They do not, as far as we can see, however, contradict the belief that the new safety requirements insure the production of a vaccine that will not produce clinical poliomyelitis on injection. We still adhere to the views expressed in the editorial in this issue of the JOURNAL.—EDITOR.

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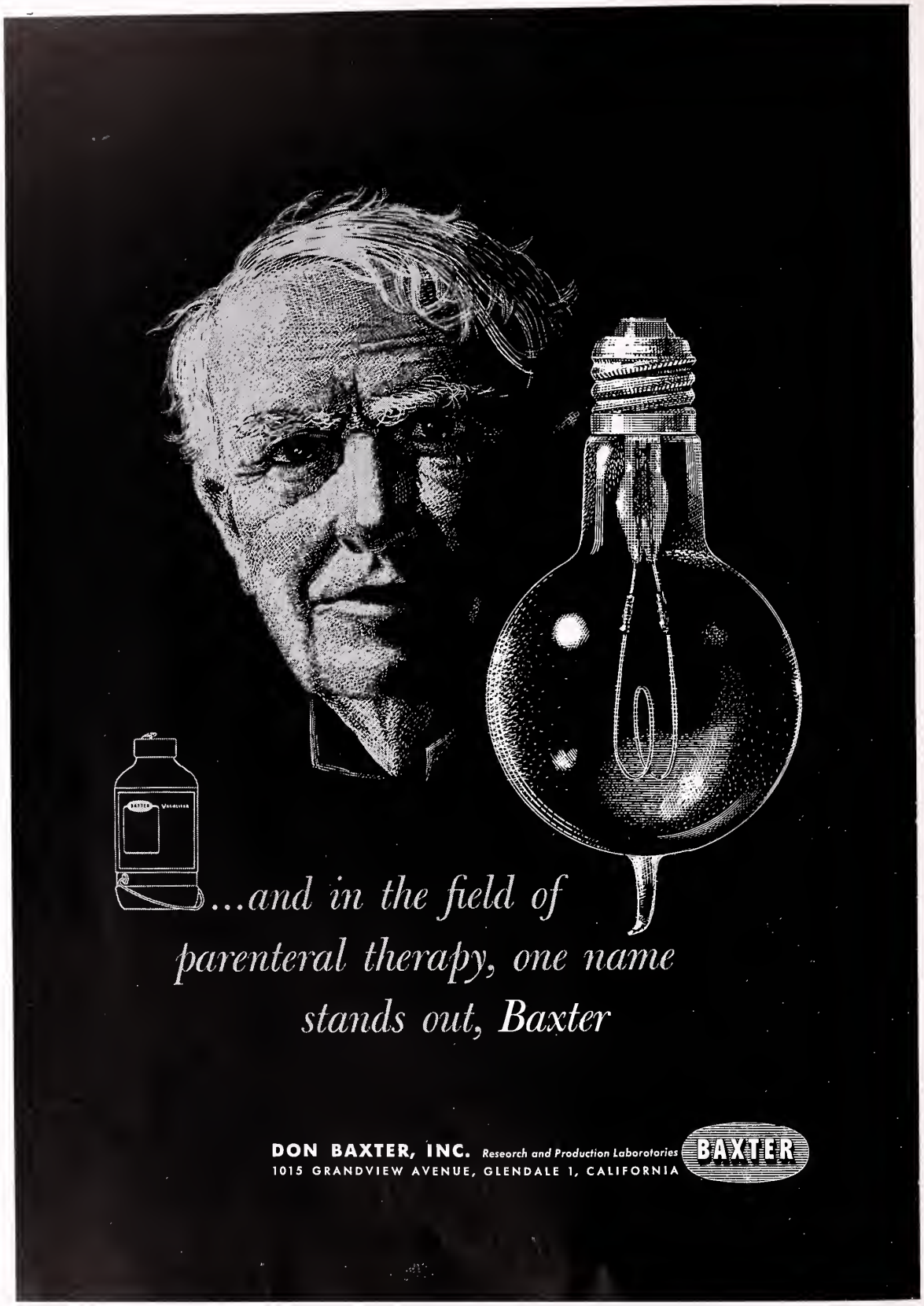
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The organisms commonly involved in

Tracheobronchitis



Str. pyogenes (8,500 X)



Staph. aureus (9,000 X)



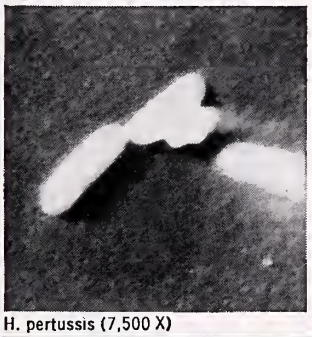
D. pneumoniae (10.000 X)



K. pneumoniae (13,000 X)



H. influenzae (16,000 X)



H. pertussis (7,500 X)

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ELECTRON MICROGRAPHS

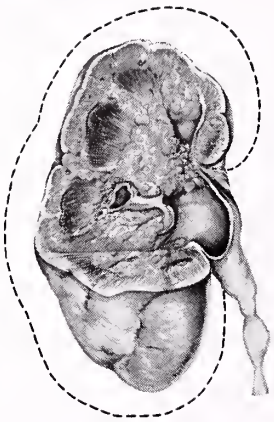
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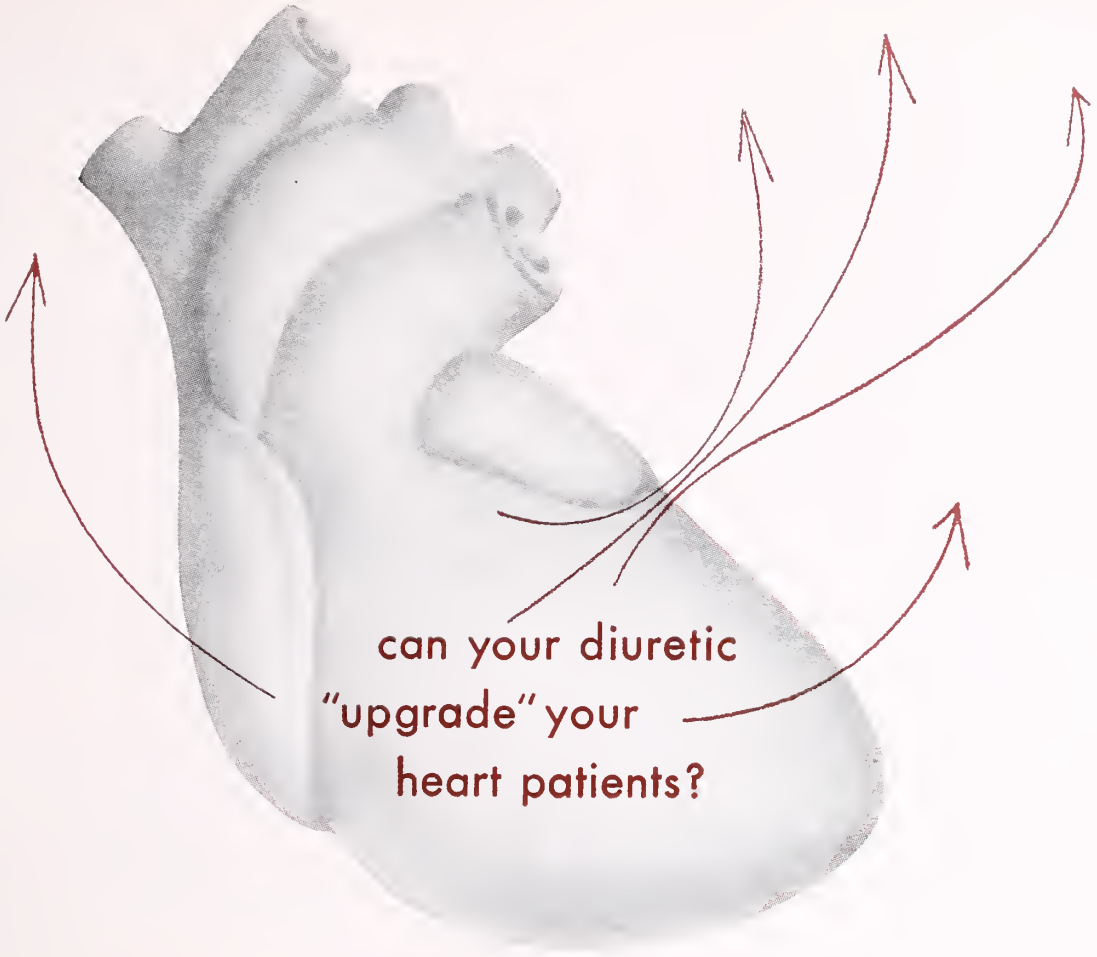
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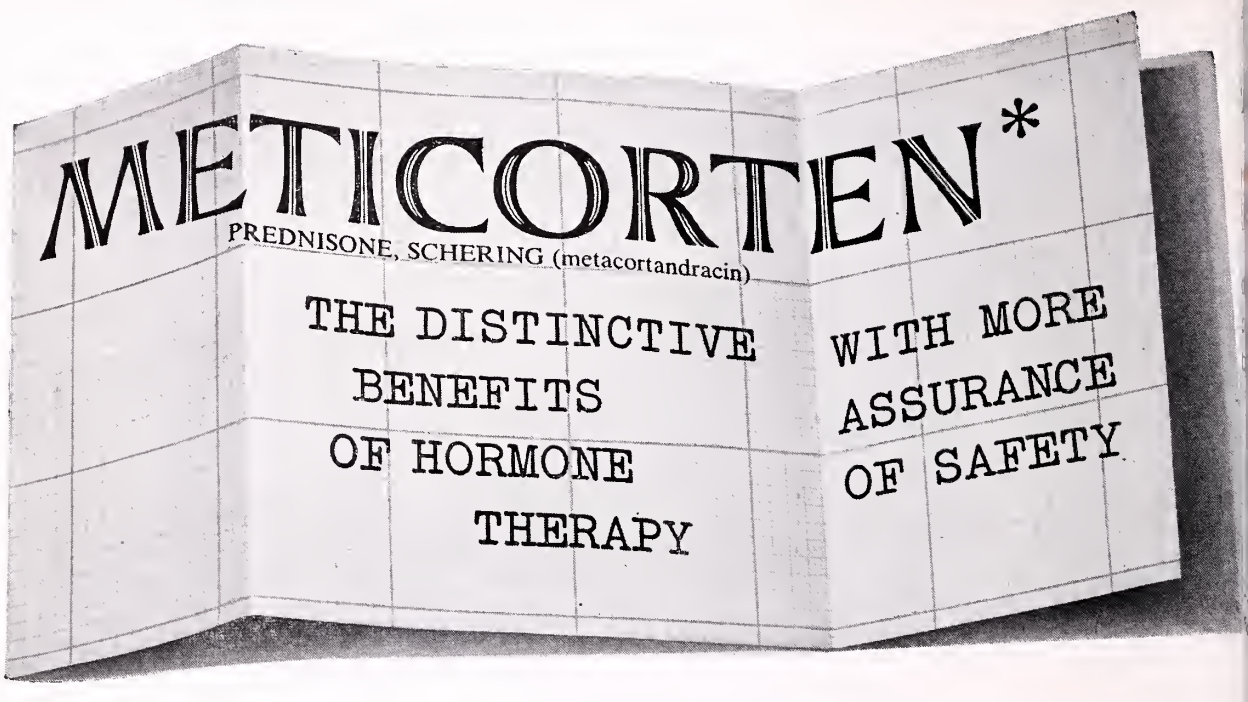
for "...a new picture of the patient in congestive heart failure."*
replaces injections in 80% to 90% of patients
*Leff, W., and Nussbaum, H. E.: J. M. Soc. New Jersey 50:149, 1953.

a standard for initial control of severe failure

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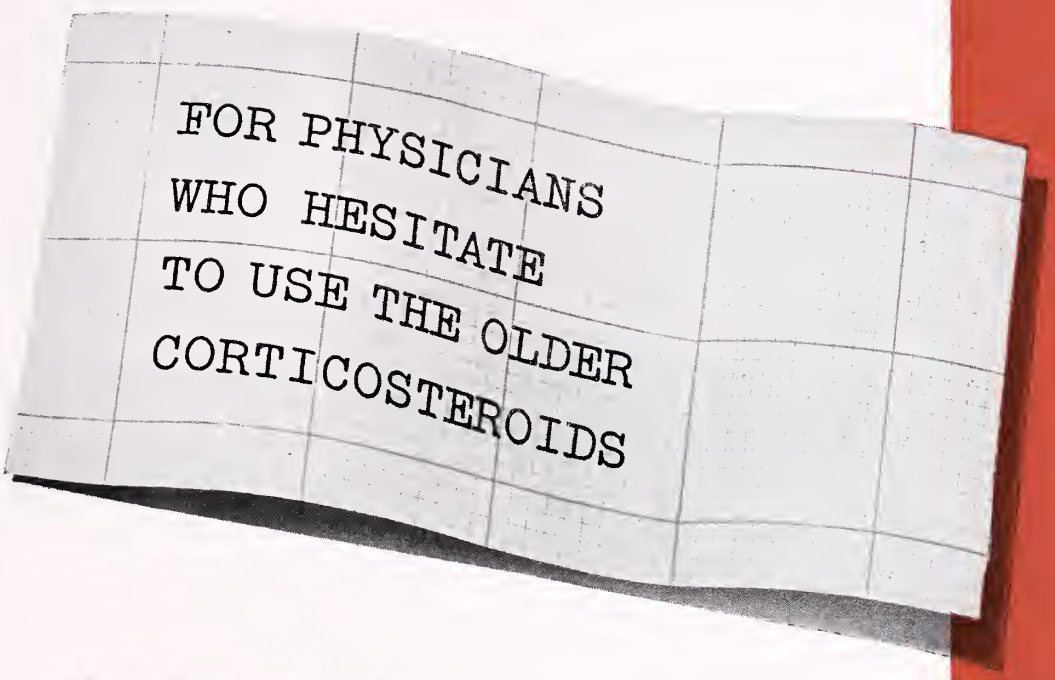
(1) Bunim, J. J.; Pechet, M. M., and Bollet, A. J.: J.A.M.A. *157*:311, 1955. (2) Gray, J. W., and Merrick, E. Z.: J. Am. Geriat. Soc. *3*:337, 1955. (3) Boland, E. W.: California Med. *82*:65, 1955. (4) Dordick, J. R., and Gluck, E. J.: J.A.M.A. *158*:166, 1955. (5) Margolis, H. M., and others: J.A.M.A. *158*:454, 1955. (6) Hollander, J. L.: Philadelphia Med. *50*:1357, 1955. (7) Barach, A. L.; Bickerman, H. A., and Beck, G. J.: Dis. Chest *27*:515, 1955. (8) Arbesman, C. E., and Ehrenreich, R. J.: J. Allergy *26*:189, 1955. (9) Skaggs, J. T.; Bernstein, J., and Cooke, R. A.: J. Allergy *26*:201, 1955. (10) Schwartz, E.: J. Allergy *26*:206, 1955. (11) Nelson, C. T.: J. Invest. Dermat. *24*:377, 1955. (12) Robinson, H. M., Jr.: J.A.M.A. *158*:473, 1955. (13) Herzog, H. L., and others: Science *121*:176, 1955. (14) Perlman, P. L., and Tolksdorf, S.: Fed. Proc. *14*:377, 1955. (15) King, J. H., and Weimer, J. R.: Experimental and clinical studies on Meticorten (prednisone) and Meticortelone (prednisolone) in ophthalmology, A.M.A. Arch. Ophth., in press. (16) Barach, A. L.; Bickerman, H. A., and Beck, G. J.: Clinical and physiological studies on the use of metacortandracin in respiratory disease. II. Pulmonary emphysema and pulmonary fibrosis, Dis. Chest, to be published. (17) Dordick, J. R., and Gluck, E. J.: Preliminary clinical trials with prednisone (Meticorten) in systemic lupus erythematosus, A.M.A. Arch. Dermat. & Syph., in press. (18) Goldman, L.; Flatt, R., and Baskett, J.: Assay technics for local anti-inflammatory activity in the skin of man with prednisone (Meticorten) and prednisolone (Meticortelone), J. Invest. Dermat., in press.

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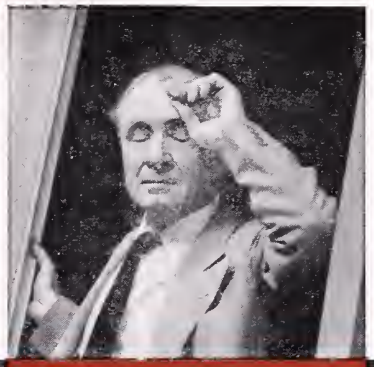


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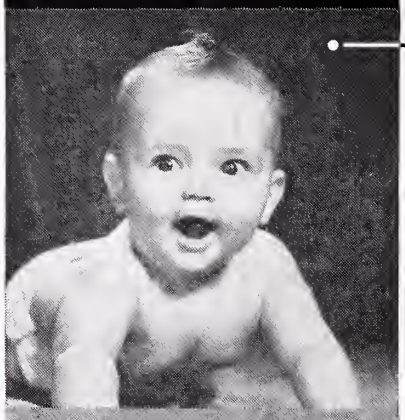
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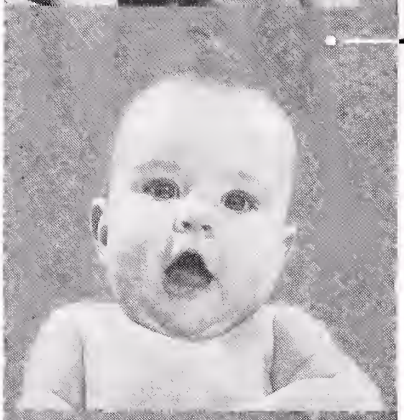
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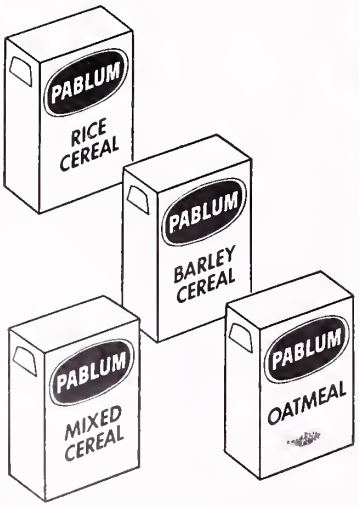


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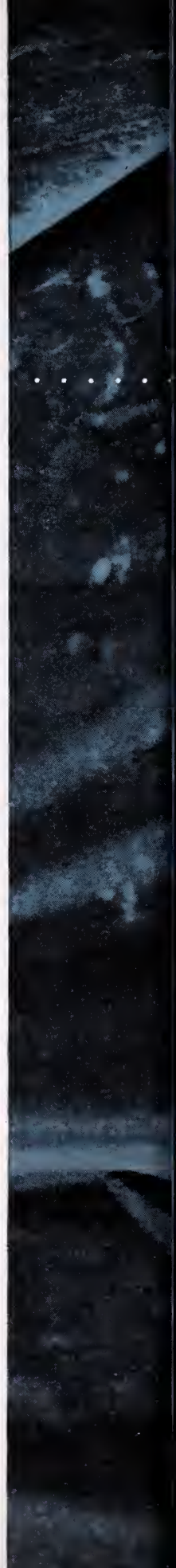
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1. Cronheim, G., and Toekes, I.M.: Comparison of Sedative Properties of Single Alkaloids of Rauwolfia and Their Mixtures, Meeting of the American Society for Pharmacology and Experimental Therapeutics, Iowa City, Iowa, Sept. 5, 1955.

2. Moyer, J.H.; Dennis, E., and Ford, R.: Drug Therapy (Rauwolfia) of Hypertension. II. A Comparative Study of Different Extracts of Rauwolfia When Each Is Used Alone (Orally) for Therapy of Ambulatory Patients with Hypertension, A.M.A. Arch. Int. Med. *96*:530 (Oct.) 1955.

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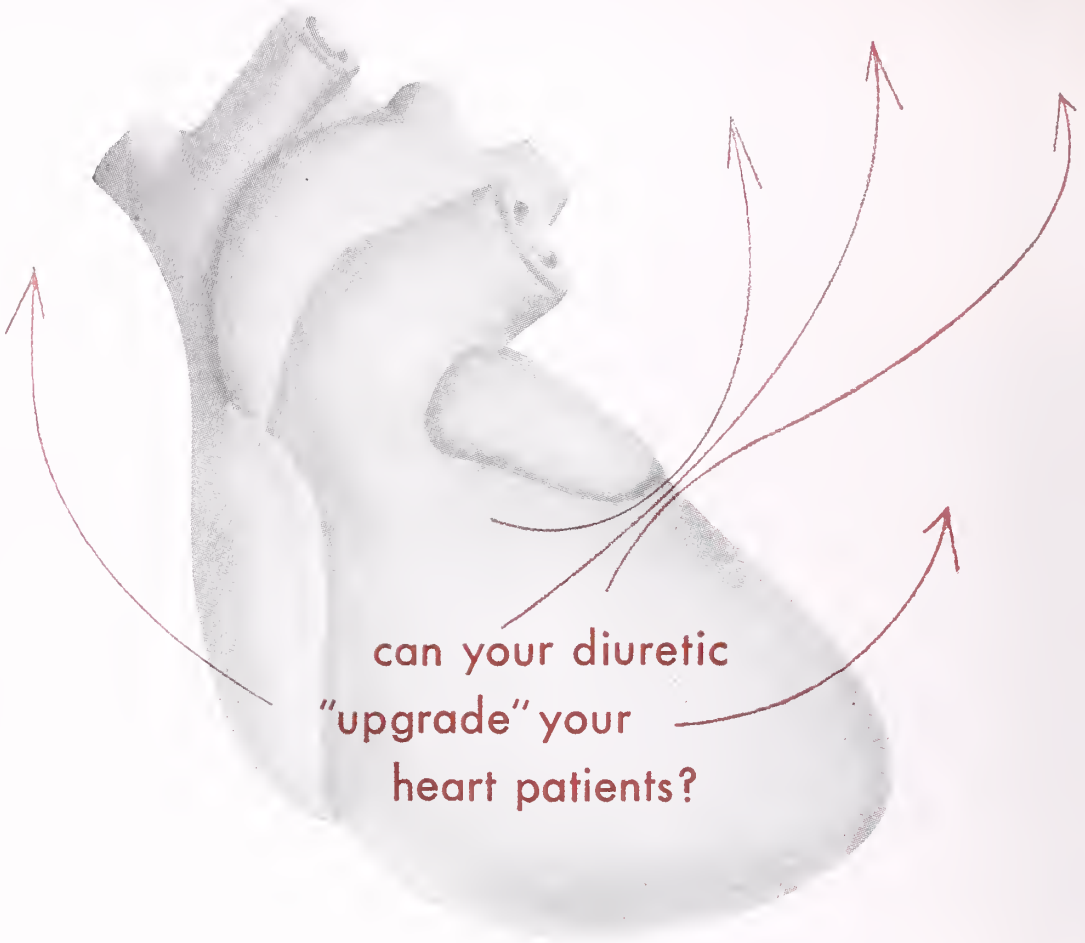


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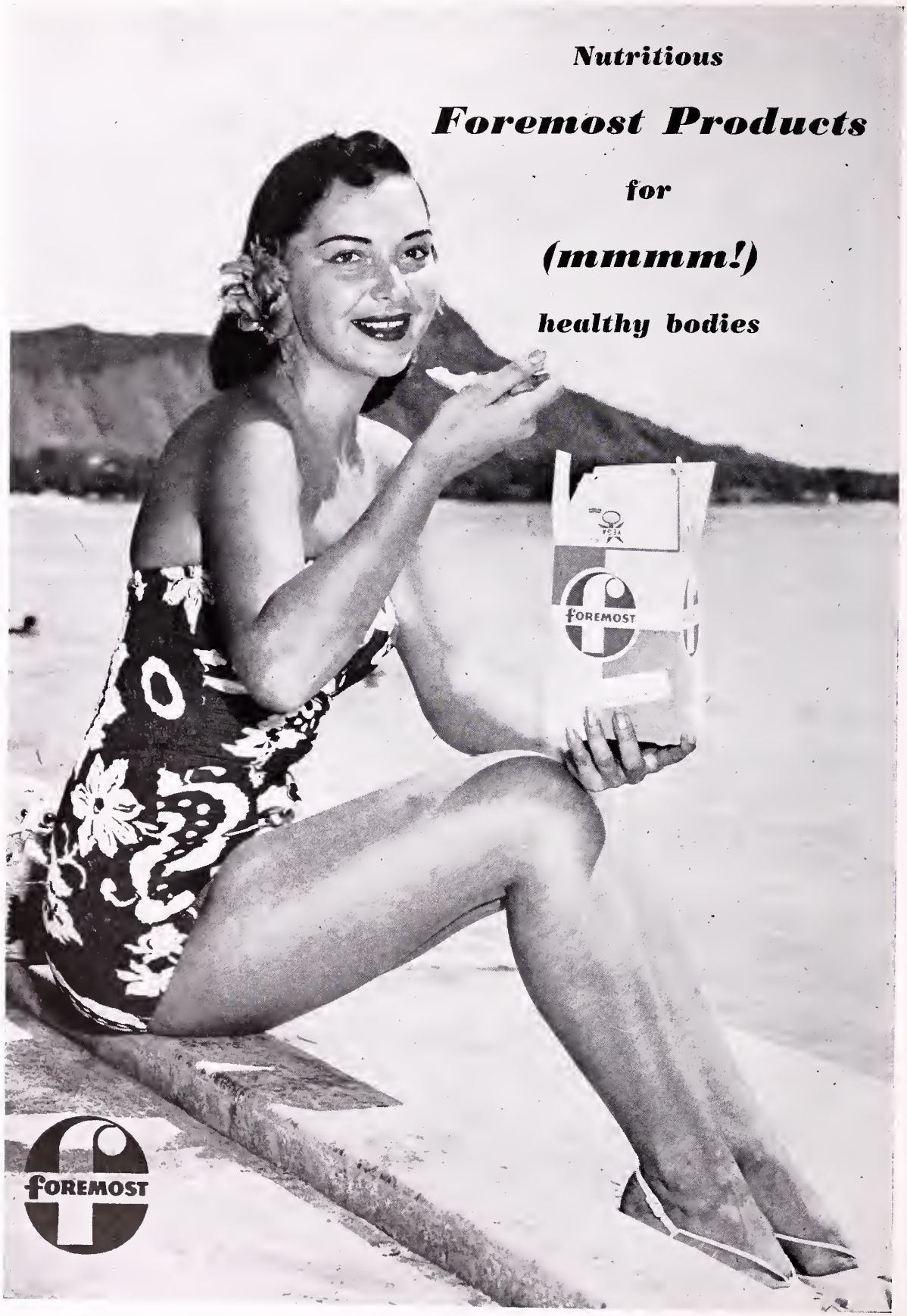
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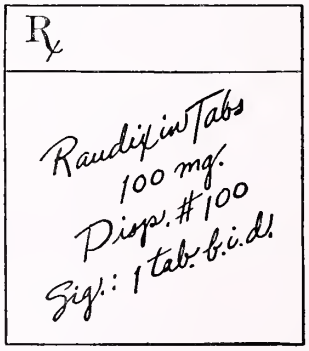
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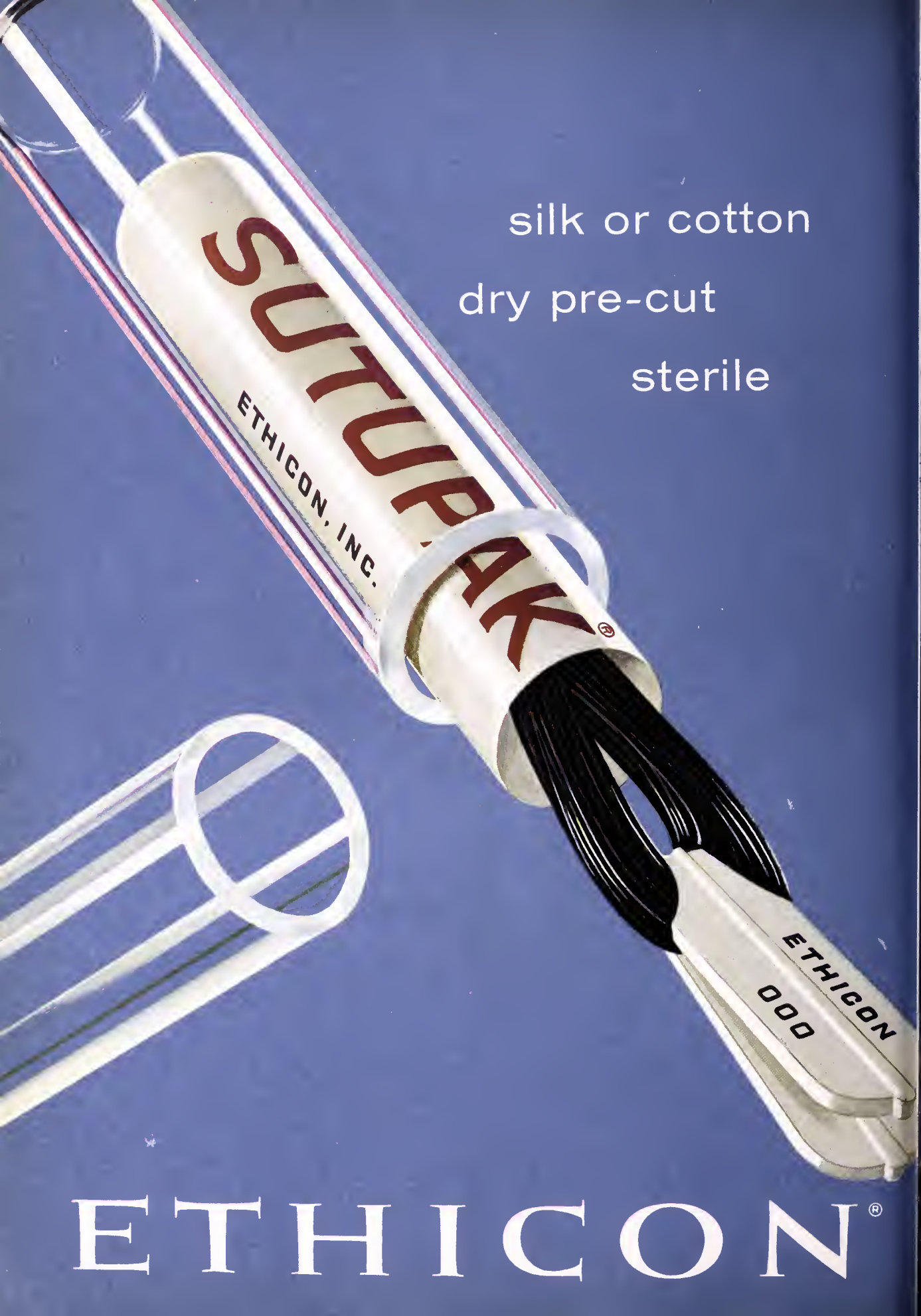
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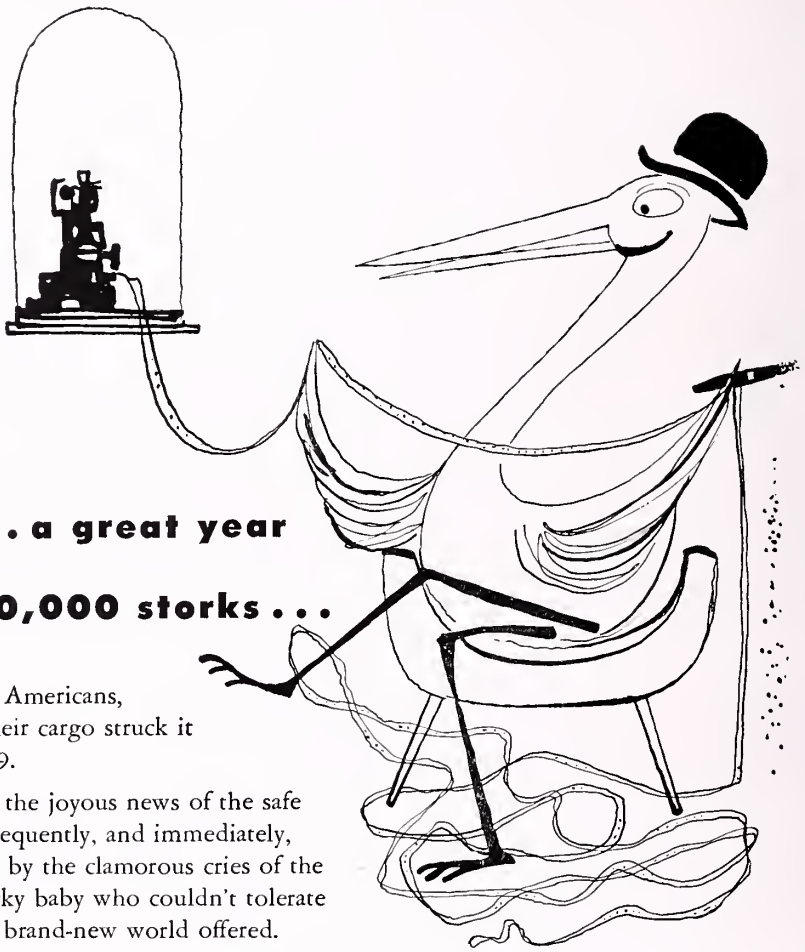
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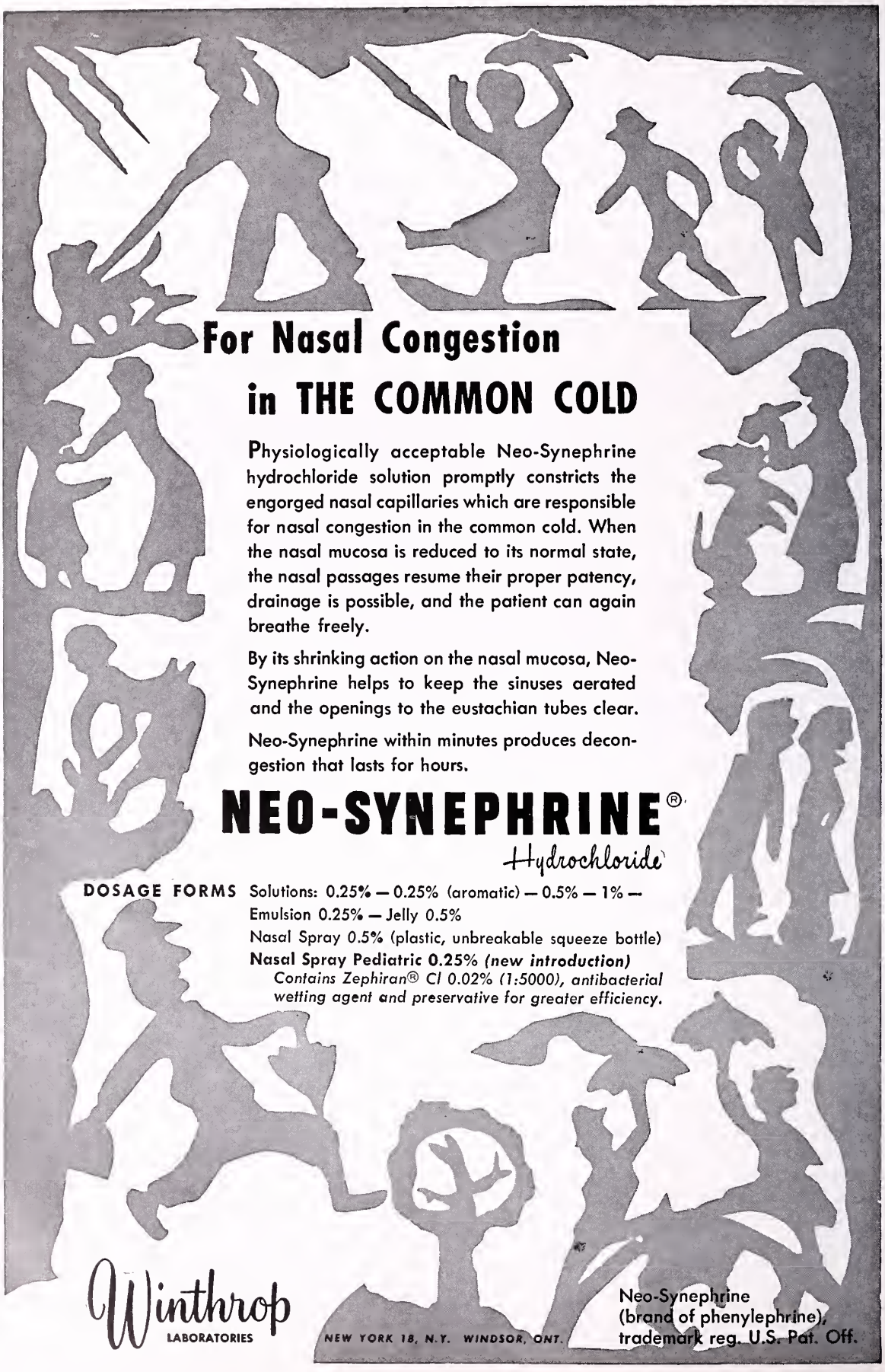
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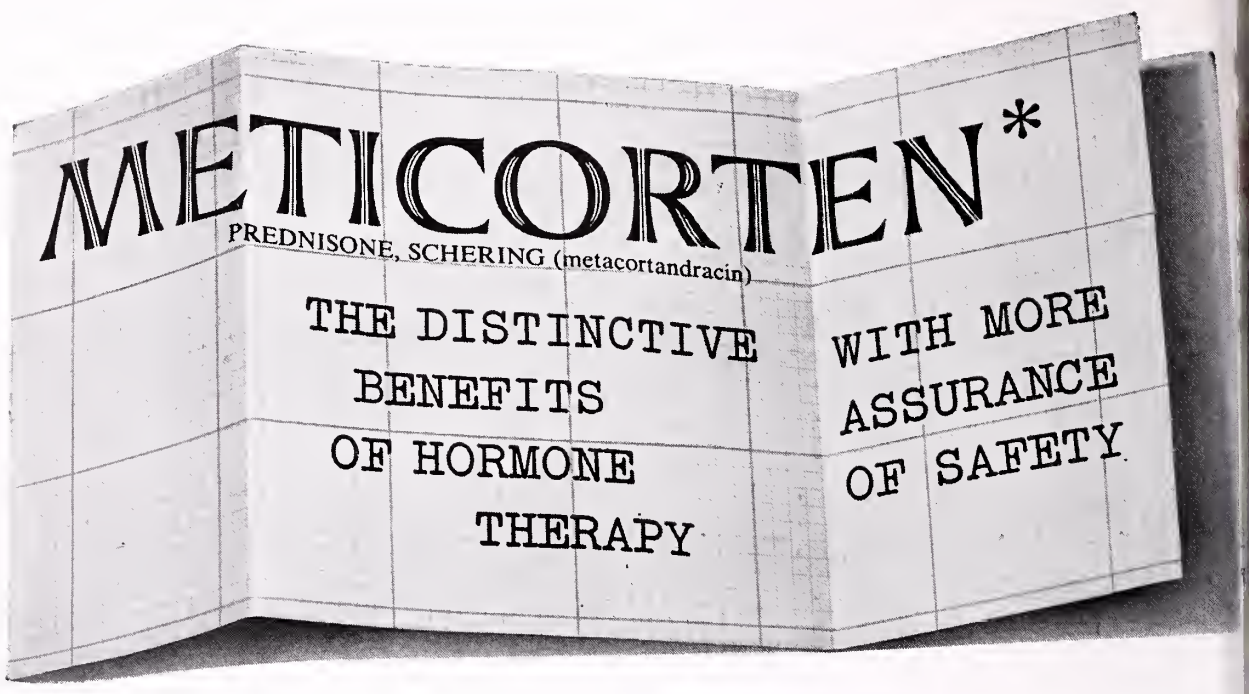
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BIBLIOGRAPHY

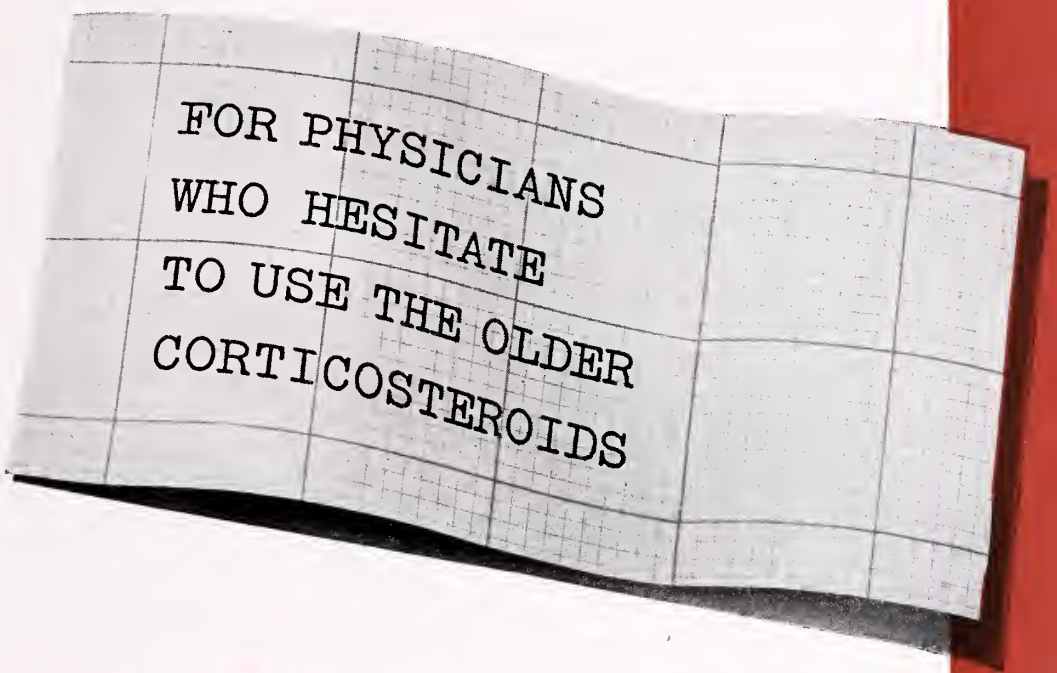
(1) Bunim, J. J.; Pechet, M. M., and Bollet, A. J.: J.A.M.A. *157*:311, 1955. (2) Gray, J. W., and Merrick, E. Z.: J. Am. Geriat. Soc. *3*:337, 1955. (3) Boland, E. W.: California Med. *82*:65, 1955. (4) Dordick, J. R., and Gluck, E. J.: J.A.M.A. *158*:166, 1955. (5) Margolis, H. M., and others: J.A.M.A. *158*:454, 1955. (6) Hollander, J. L.: Philadelphia Med. *50*:1357, 1955. (7) Barach, A. L.; Bickerman, H. A., and Beck, G. J.: Dis. Chest *27*:515, 1955. (8) Arbesman, C. E., and Ehrenreich, R. J.: J. Allergy *26*:189, 1955. (9) Skaggs, J. T.; Bernstein, J., and Cooke, R. A.: J. Allergy *26*:201, 1955. (10) Schwartz, E.: J. Allergy *26*:206, 1955. (11) Nelson, C. T.: J. Invest. Dermat. *24*:377, 1955. (12) Robinson, H. M., Jr.: J.A.M.A. *158*:473, 1955. (13) Herzog, H. L., and others: Science *121*:176, 1955. (14) Perlman, P. L., and Tolksdorf, S.: Fed. Proc. *14*:377, 1955. (15) King, J. H., and Weimer, J. R.: Experimental and clinical studies on Meticorten (prednisone) and Meticortelone (prednisolone) in ophthalmology, A.M.A. Arch. Ophth., in press. (16) Barach, A. L.; Bickerman, H. A., and Beck, G. J.: Clinical and physiological studies on the use of metacortandracin in respiratory disease. II. Pulmonary emphysema and pulmonary fibrosis, Dis. Chest, to be published. (17) Dordick, J. R., and Gluck, E. J.: Preliminary clinical trials with prednisone (Meticorten) in systemic lupus erythematosus, A.M.A. Arch. Dermat. & Syph., in press. (18) Goldman, L.; Flatt, R., and Baskett, J.: Assay technics for local anti-inflammatory activity in the skin of man with prednisone (Meticorten) and prednisolone (Meticortelone), J. Invest. Dermat., in press.

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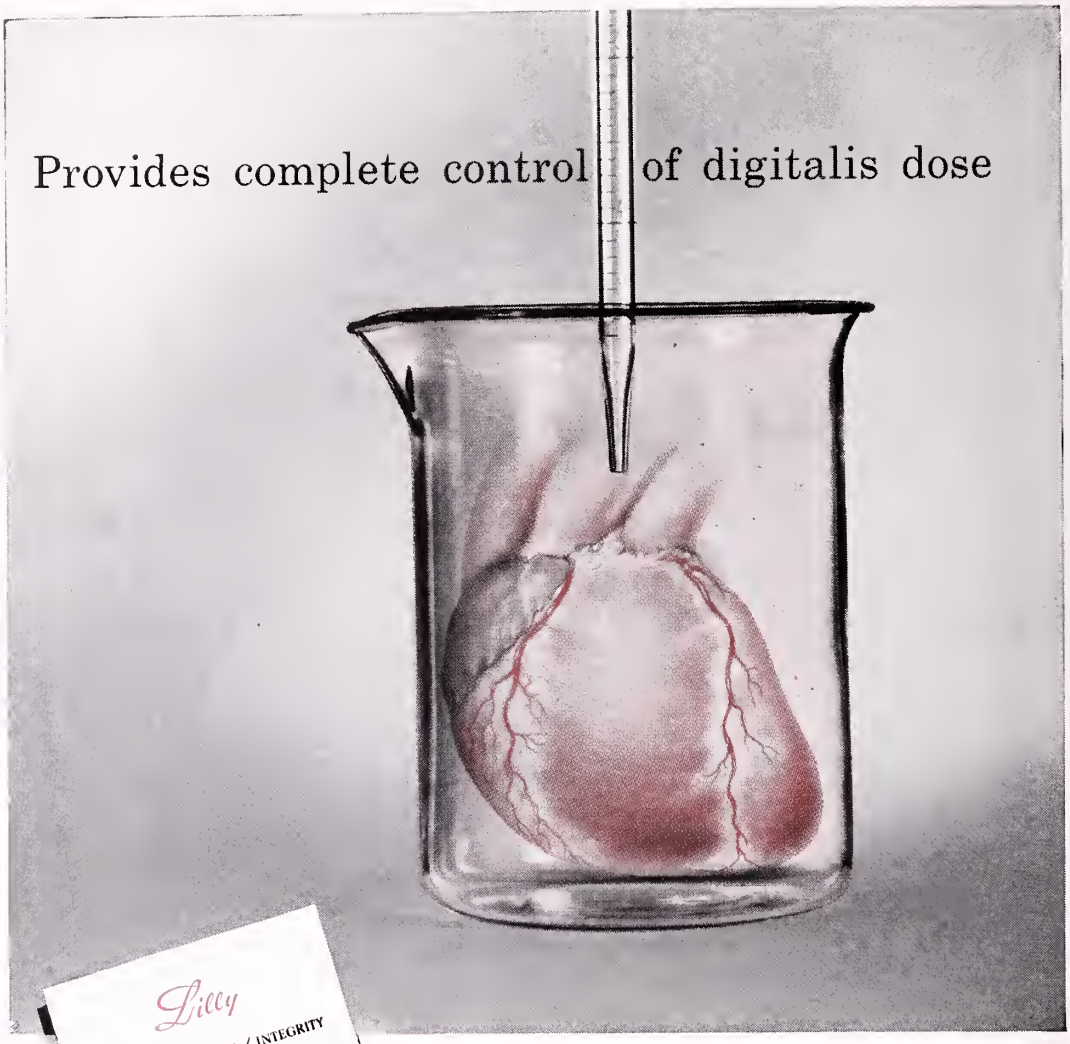
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A TRIBUTE TO HMSA*

JERRY L. PETTIS,† Los Angeles

An astute and articulate Mainland observer thinks our H.M.S.A. is fine—just fine!

YOUR warm Hawaiian hospitality has made me feel keenly the responsibility that's mine tonight, and I have the uneasy feeling that the talk I'm about to give should rank in greatness somewhere between the Gettysburg Address and Washington's farewell to his troops.



MR. PETTIS

The occasion that brings us together tonight is a most significant one to me, as a man who devotes his time to the betterment of medical public relations. Superficially, it's significant because the Hawaii Medical Service Association has just enrolled its 100,000th member.

But, going more deeply than that, it's significant because—multiplied by 100,000—Mr. Kaneaiakala seated at the table with us tonight represents a new rapport, a new understanding between the doctor and the patient. He represents a new kind of bargaining between the two—a bargaining that recognizes the harsh fact that sickness of some kind is almost inevitable; that, when it comes, an expert is going to be required to handle it; and that, in exchange for his services, that expert must be compensated with a prearranged sum of money.

To underscore this point, I like to tell the story of a Mississippi preacher whose sermons always emphasized free salvation—but who always complained when the collection plate turned up empty. When he called the congregation to task for their tight-fistedness, one parishioner was brave enough to stand and protest, "But didn't you say, Parson, that salvation is *free*—free as the water we drink?"

"Salvation *is* free, Brother" answered the minister. "It's free and water is free. But when we *pipe* it to you, *you* has to pay for the piping."

Well, in the beginning, God gives good health to most of us. But, when that good health is shut off by disease or disaster, somebody has to pay to have it piped back in. A qualified doctor—with the help of Divine Providence—is obviously the only one who can do the piping. But even he can't do it by himself. In most cases, he'll need a battery of tests to single out the specific diseases; he'll need expensive drugs and antibiotics to kill off the teeming microscopic world of germs that's at the root of the patient's troubles; he may need a hospital's facilities to operate—which means consultation with other specialists and teamwork with anesthetists, nurses, and scores of other people whom the patient never sees, but who, neverthless, have contributed materially to his recovery.

To do all this takes money—which seems like an obvious conclusion and a rather trite thing to say.

But, strangely enough, it's only recently that the public-at-large has accepted this attitude toward potential illness and has taken steps to provide for its eventual occurrence. And, strangely enough, too, it's only recently that doctors have been willing to step from their antiseptic world of Science into the not-so-pleasant world of Economics.

What is the catalyst that has succeeded in bringing the two groups together with a strength and understanding they've never before had?

In the overall picture, it's voluntary prepaid health plans. But here in the Islands, specifically, it's the Hawaii Medical Service Association—or, as most of you know it, HMSA.

The budget of the average person in Hawaii—like budgets everywhere—has always included the mortgage, the grocer's bill, the television set, washer, dryer, and vacuum cleaner payments. But, until plans like HMSA came along, it had not included the doctor and the hospital. This had come to be the last item considered. Left out of the budget, bills for unexpected illness have too often stood little chance of payment. Incorporated in the budget, through prepayment, the fees of doctors and hospitals stand a better chance of being paid, and the insured families avoid the inevitable threat of bankruptcy from a serious illness.

I wonder how many of you know what a pacesetter HMSA has been in the field of voluntary

* An address given at an invitational banquet at Queen's Surf on October 12, 1955, commemorating the enrollment of the 100,000th member in the Hawaii Medical Service Association.

† Executive Assistant to the President, Los Angeles County Medical Association.

prepaid medical plans? Long before American medicine was faced with socialization and regimentation through government-subsidized, compulsory health insurance, you here in the Islands had the same problem on a local basis.

You will remember back in 1945, when the Hawaiian Legislature decided to appoint a Hospital Service Study Commission to investigate not only hospital problems, but also medical service in general. The Commission was given several questions to answer:

(1) Are the services of physicians and hospitals *physically* available to the people of Hawaii?

("Yes," answered the Commission, "for a large part of the people.")

(2) Well, then, the Commission was asked, are these services actually available?

("No," declared the Commission, "not enough, nor to enough people—and largely for financial reasons.")

The Commission moved on then to a study of HMSA—which had then been in existence for nearly a decade and had a membership of some 20,000. After giving HMSA the once-over, the Commission decreed: "There's no convincing evidence that any such plan has provided enough coverage to justify the Commission in accepting voluntary prepayment."

The Commission therefore recommended compulsory health insurance as the answer to Hawaii's medical problems—recommendations that were only averted from being laws by concerted community action among people who recognized the dangers of regimented medicine and were prepared to do something about it.

The very fact that we're here tonight — commemorating what we are—proves just how wrong those conclusions were back in 1945. In ten years, HMSA has grown by 500 per cent—and the end is far from being in sight.

In view of the fact that my remarks will be broadcast to neighboring Islands—there are undoubtedly those within earshot of my words who are not familiar with HMSA, or voluntary health plans of any kind, and who, perhaps, still yearn for the day when the state or the federal government will "pipe" good health to them free of charge.

Here in Hawaii—and in the Congress of the United States—there are still "do-gooders" who want nothing better than to give these people their wish. But I'd like for a moment to remind these people that no government ever gives good health care for nothing; in fact, as England has proved, they can't even give good health care for *something*. The cost must ultimately come back to the people whom the so-called "free health service" pretends to serve—and in a very wasteful manner!

For those who have any doubts, let me erase them with a few facts by comparing state-sponsored health insurance with voluntary health insurance:

First: Under government-sponsored insurance: The state collects the tax . . . controls the money . . . sets the rules . . . determines the services . . . directs doctor and patient participation . . . and dominates every citizen's medical care.

In one European country, the social and medical insurance system required one government employee for every 100 people covered. HMSA has one employee for every 2,000 people covered. In the United States that foreign country's ratio would mean 1½ million clerks, bookkeepers, administrators, and tax collectors on federal payrolls —wasting dollars meant for social security and medical care.

And who pays for it? Every wage earner and self-employed person pays, whether he wants the service or not. Veterans pay—though they've already paid in war service for medical care. Millions pay—whose religious faith or principles prohibit participation. And other millions pay—who already are protected under voluntary health insurance of their own choosing.

In every great nation which has tried government-controlled medicine — Germany, Russia, France, England—the inevitable result has been:

Second-rate medical care . . . Decline of medical education and research . . . Invasion of the patient's privacy . . . Political control substituted for medical direction . . . A new hierarchy of government administrators . . . Constantly-mounting tax burdens . . . And ultimate extension of controls over other professions.

On the other side of the ledger, voluntary health plans like HMSA provide the finest hospital, surgical and medical care in the world on a sensible budget basis. As of today, they've taken the financial shock out of illness for 100,000 people of Hawaii and for 65 million Americans on the Mainland.

In short, the voluntary plan must *earn* public acceptance—while the government plan would *compel* it. The voluntary plan must meet its obligations out of earned income, while the government plan can offer pie in the sky and depend upon general tax funds for it. The voluntary plan must earn—and re-earn each day—the cooperation of independent doctors in order to deliver the benefits it has promised, while the government plan would have a monopoly of patients and would pay doctors on government dictated terms.

I believe I can say without fear of contradiction that your new health plan, the Community

Group Medical Plan, here in Hawaii, is one of the finest in existence. It was one of the first. The long experience its administrators have had is furnishing a pattern for other health plans to emulate in all parts of America. Let me, in a few words, sum up exactly what it offers:

First of all: Free choice of physician or hospital when illness strikes. And you can only appreciate this provision when you realize how many health plans there are in which the patient has no such choice . . . plans in which the policy-holder is treated by an anonymous physician interested only in his immediate illness and who cares not a whit for the background and personal issues that enter into each individual case.

These plans forget the critical fact that all medical services are completely human relationships and that the physician who renders the service and the patient who requires the service should have a common goal of restoring the patient's health. The practice of medicine should bear no relationship to the construction of a product or the rendering of trade services to inanimate objects.

Well, then, the potential subscriber might ask: Who are the physicians I can choose? Are they a mere handful of hand-picked employees of the HMSA? No, that isn't the case at all. This plan is sponsored by the majority of Territory physicians, all of whom have agreed to provide the benefits of the plan. One hundred per cent of the doctors on Hawaii, Maui and Kauai—and over 92% of the doctors on Oahu—are participating physicians.

But this doesn't mean, either, that going to a non-member physician robs the member of his benefits. When services are rendered by a non-participating physician, HMSA still allows 80% for physicians' services—and this allowance also applies to diagnostic x-ray and laboratory benefits in or out of the hospital by non-participating organizations.

This Community Group Medical Plan was designed to provide the people of this community benefits beyond the scope of any other plan available anywhere—and to preserve the individual's right to obtain medical care from whatever doctor or hospital he chooses, and at a price he can afford to pay.

There are just four crucial points that must be closely watched by both physician and subscriber if this plan—or any other—is to remain workable and fair to all concerned. They are:

(1) Prevention of abuses—that is, over-usage of the plan by a subscriber who thinks he must be a hypochondriac to get his money's worth out of his policy and also by the physician who might tend to exaggerate his services in the interest of getting more or higher fees than he's justly entitled to;

(2) Use of diagnostic services only when necessary;

(3) Maintenance of existing hospital charges so that it won't be necessary to indemnify hospital allowances; and

(4) Full cooperation of physicians with the governing bodies of their medical societies.

I shouldn't leave this important area of HMSA's available benefits without also mentioning another program they're offering that can teach a few lessons to other voluntary health plans in America. This is an available rider for qualified groups now holding the basic HMSA plan, and allows up to $5,000 for necessary doctor, hospital, and other medical bills beyond the basic policy.

Harper's magazine recently reported that, while only about one illness in every five is so prolonged that it cannot be covered by our present health and accident coverage, these exceptional incidents are so expensive that, in the aggregate, they account for something like one-half or more of the nation's total medical bill.

To remedy this situation for its members, HMSA has devised this plan—and, incidentally, was one of the first Blue Shield Plans to offer such coverage. In case of a catastrophic illness or injury—or a prolonged illness—this is what happens: (1) All eligible benefits of your basic HMSA plan apply first; (2) The policy-holder pays up to 5% of his annual income—with a minimum of $200 and a maximum of $500—as a deductible feature; then (3) This plan pays 75% of the remainder of his medical, surgical and hospital bills up to $5,000.

As an example, suppose the man's total bills were $3,000. The basic HMSA benefits will take care of $1,000 of this, leaving another $2,000 to be taken care of. Then, we deduct 5% of his annual income, which, we'll suppose comes to $200. This leaves a balance of $1,800. Since the catastrophic rider takes care of 75% of that amount, the subscriber is left with only $450 of an original $3,000 bill to pay off by himself.

How does *that* stack up against the old days, when a catastrophic or prolonged illness was enough to throw a family into debt for a good part of their lives and the doctor and hospital in many instances never received full payment for their services?

Now, up to this point, I've been concentrating on generalities that applied more to the public at large than to the men who make these plans possible—the members of the medical profession. Let's turn to them for a moment.

It's always been believed by both patient and

physician that doctors of medicine assume the obligation of providing necessary medical care without any prior determination of the patient's ability to pay. This idealistic—and sometimes unfortunate—principle has been somewhat altered by the materialism of our times and by the physician's own problem of providing adequately for himself and his family during his relatively few years of professional earnings. But it still remains the guide by which medicine is practiced by the great majority of American doctors.

Understandably, it hasn't been easy for many physicians to abandon the two-party relationship between themselves and their patients and to allow a third party—the voluntary health plan—to enter into the picture.

They've done this because every economic-minded physician has come to realize the logic and necessity of pooling medical expense risks through the application of the insurance principle. A public relations colleague of mine—Mr. Lawrence Drake of Washington, D. C.—has pointed out that today's mass markets have been built, first, by public relations and advertising; and, second by the creation of consumer credit. Consumer credit, of course, is created in two ways: by advancing goods and services against future purchasing power (as with the installment purchases of the TV set, washer, and dryer we mentioned a while ago) and by advancing purchasing power against future needs for goods and services (that is, through insurance covering life and health.)

Mr. Drake observes, and rightly so, that "Voluntary health plans offer the doctor the mechanics for large-scale consumer credit creation. They offer the medical profession the mass economic base for a stability it has never before enjoyed." And health insurance "is credit creation of the most stabilizing type. For, whereas ordinary consumer credit leaves a troublesome debt when times become hard, prepaid medical protection enriches one with a credit. The survival of medicine of free choice depends on its being brought into line with the economics of this century."

HMSA, with its service benefits, has clearly shown that it is prepared to move with the tide of these 20th century economic demands: It satisfies a natural desire among the low and moderate income people that their premiums will pay for the services specified in their contract . . . It does great credit to the medical profession, in the eyes of the ever-critical public, by deemphasizing the factor of cash and by stressing the provision of service . . . It protects the profession, as well as the patient, against the predatory instincts of that small minority of physicians who insist on viewing insurance as a means of collecting an extra fee . . . And, most important of all, it gives every participating physician a sense of helping to solve a national problem and, at the same time, helping to preserve the freedom of his profession.

Obviously, as I mentioned earlier, any prepayment plan like this IS a "third party" as far as finances are concerned. But what doctor wouldn't prefer to deal with a third party controlled essentially by his profession? And what doctor also wouldn't prefer to deal with an enterprise designed for the immediate benefit of him and his patients, rather than with a plan organized to make a profit for someone else?

Consider this: In 1955, HMSA anticipates it will pay physicians over 1½ million dollars and hospitals approximately 1 million dollars for services rendered to its members. And only $3,500 of the three million will leave the boundaries of this Territory — a token amount, really, that's needed to cover actuarial services and Blue Shield affiliation costs. HMSA is, then, truly a home industry that's a strong and steadily-contributing channel into the Islands' economy.

I think it should be emphasized, too, that HMSA is a home-grown business that operates under the guidance of not only the medical profession, but also respected community leaders in many other diverse fields. This, because the founders of HMSA recognized that, while control of medicine must always remain with the profession, it has become quite evident that they must often go to the public for advice and counsel. Among the 22 members of the HMSA Board of Directors, I find representatives from management, labor, the clergy, education and government.

Now, doctors haven't always looked kindly upon such so-called "lay interference" in their affairs. But I think an article in a recent issue of "Modern Hospital" says quite nicely why this must be so. Let me quote: "Lay interference is a fundamental principle of American life. It is the principle of lay interference that puts civilians in charge of our military services, even in war times; it is the principle of lay interference that makes teachers and educational administrators responsive to the demands of boards of education; it is the principle of lay interference that gives the electorate final authority over all public officials, from the municipal clerk to the President. A doctor who objects to lay interference, as such, is asking that the medical profession be given the status of an *untouchable,* which violates a basic tradition of American democracy."

The wide-diversification of your Board of Directors guarantees all the more that HMSA will continue to lead the field in voluntary health plans. They represent the public's thinking and can advise in investments and other business matters

. . . They are in a position to discuss the point of view of the employer, labor and the subscriber —a reaction you don't always secure from the medical trustee . . . And many plans, organized this same way, find they've been saved many thousands of dollars a year in economies and have realized increased yields from investments because of the business experience of lay trustees.

There are still gloomy prognosticators among us who firmly believe that voluntary health insurance is only preparing the soil for compulsory health insurance. The present voluntary system is only a phase, they say, and, some day, the whole thing will be metamorphosed into a national compulsory health insurance setup. They'll tell you: "Truman's Welfare State may be gone—but Eisenhower's Reinsurance Plan is going to accomplish the same end."

Without discussing the merits of the President's plan, I think it can be fairly said that HMSA—and other plans like it—are proving too swiftly that there's no need for a reinsurance plan. With their constant growth—as witness the admittance of your 100,000th member—the voluntary prepayment plans are demonstrating beyond question that it is possible to solve the problem of medical security by voluntary methods.

Voluntary prepaid plans need the help of every employer and labor organization to strengthen their position and to attain real security for people of the community.

I can still see glaring holes that need to be filled in by both physician and patient. It isn't enough for a patient to have a medical plan. Both he and the doctor must know in their own minds what that plan covers:

When a patient has to undergo surgery, for example, the doctor should discuss with him his medical coverage when he talks about the fee for the operation. This means the patient is prepared —in advance—for just how much of the cost he will have to bear and how much will be paid by his medical plan.

Second, because many people don't understand their plan and sometimes don't bother to read the necessary details, a doctor is often called upon to explain benefits to patients.

Third, Public Relations-wise, it's most important that the doctor's staff help process claims quickly and correctly. The patient comes to identify his health plan with the doctor and the hospital—and if his rightful claims are not adjusted to his satisfaction quickly, he, naturally, is going to be bitter toward all three.

And, fourth, the wise doctor will have both patients and the medical plan batting on his side if he saves them money by: Recommending office calls, rather than house calls, if this is clearly warranted . . . Reducing unnecessary office visits by using telephone follow-ups . . . Performing expensive tests only as necessary . . . Using hospitals only when necessary . . . Prescribing low-cost drugs, rather than high-cost items, whenever possible . . . And prescribing items only in quantities needed.

One last word to those groups or individuals within earshot of my words who have not yet awakened to the need that plans like HMSA can fill for their long-range security: In the average household, medical bills take only 4% of the income. If a family can afford a daily pack of cigarettes—or a weekly movie—that same family can afford to buy the finest health insurance in the world. The cost is about the same.

And I'll say this once more: Nowhere in the world will you find a plan so comprehensive, so inexpensive, and as economically and efficiently run as your own HMSA.

I fear that your friends—and relatives—on the Mainland have many misconceptions about the Hawaiian Islands. To those who have never been here, the very name evokes an image of sunny beaches, dancing girls, leisurely luaus and a fabulously blue Pacific—just as the travelogues describe it. To them your most energetic movement is to turn in the sun or to pose for tourists.

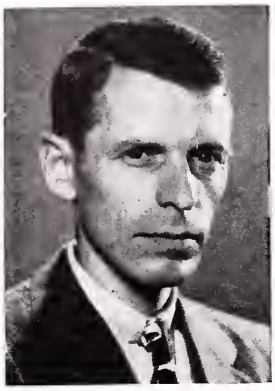
Perhaps it would be cruel to wipe this picture from their minds. But I wish that each one of them could have the provilege I have had of being here with you these few days—and also frequently during wartime and during my career as an airlines pilot and official—to see first-hand that, while Hawaii may be a tourist's dream, it is also a hub of world commerce, inter-racial cordiality, and—as I have tried to emphasize in these remarks—a progressive and remarkable proving ground for better medical care for more people.

I'm grateful for the honor of the invitation that has brought me here. And I'm grateful, too, for the opportunity of putting into words the amazement that I and my medical friends have felt as we've watched the steady growth of HMSA. The plan is a credit to the Hawaiian Islands, to the medical profession that sponsors and supports it, and to the 100,000 Territorial citizens who have been wise enough to use it.

SURGERY FOR HYPERTHYROIDISM

G. C. FREEMAN, M.D., Honolulu

FOR many years subtotal thyroidectomy has been considered to be the treatment of choice for primary hyperthyroidism, also known as diffuse toxic goiter, Graves' disease or exophthalmic goiter. Recently the advent of radio-active isotopes, I^{131} specifically, has made available a non-surgical form of treatment for this disease. Enough evidence has now accumulated to prove that treatment by this method is effective in relieving the symptoms and signs of hyperthyroidism. Nevertheless, several questions regarding it remain to be answered, and when the answers have been obtained it will no doubt be found that this method, too, has its disadvantages. It is not my purpose to attempt to answer these questions or point out possible difficulties in the use of radio-active iodine in the treatment of hyperthyroidism, for my experience in this regard is nil. Rather, I should like to report my experiences with the surgical treatment of this disease, a method of treatment which I have found to be quite satisfactory.



DR. FREEMAN

The etiology of primary hyperthyroidism is still not known. Although effective forms of treatment for this disease have been devised, none of them removes the cause of the thyroid hyperplasia, whatever that may be. With the exception of the antithyroid drugs, all effective therapeutic measures result in the destruction of the thyroid tissue. Radioactive iodine is no exception in this regard. The antithyroid drugs have produced permanent remissions in selected cases but cannot be relied upon to do so in all patients; they are customarily used for preoperative preparation. Until the agent or cause which produces hyperplasia of the thyroid epithelium is known, our therapeutic efforts must continue to be directed toward the destruction of the hyperplastic, hypertrophied thyroid gland. This is a discussion of my own experiences in the surgical method of accomplishing this aim, and of observations I have made on 56 cases under my care.

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Preparation of the Patient for Surgery

The physician who first sees the patient with hyperthyroidism may be the surgeon who is eventually to do the surgery, but more likely it will be an internist or general practitioner whom the patient has consulted with any of the many presenting complaints typical of hyperthyroidism. In either event, it is to the advantage of all concerned that the surgeon see the patient when the diagnosis is made, so that he too may evaluate the progress of the preparation, inasmuch as the ultimate responsibility for the patient's well-being during and after the surgery rests with him.

The toxic patient is usually prepared with propylthiouracil, 200 to 300 mg. daily, in divided doses. Other drugs, Tapazole and Itrumil, have been used, but experience has shown propylthiouracil to be the drug of first choice. In the simple uncomplicated case of diffuse toxic goiter, one can expect the symptoms and signs to be completely relieved in six to twelve weeks. The period of preparation may be unduly lengthened by certain factors. The extremely toxic patient will require a longer period of preparation than the mild case. Longstanding hyperthyroidism may also be expected to require a longer period of preparation. The previous or simultaneous administration of iodine (non-radioactive) has seemed to interfere with the blocking effects of the propylthiouracil and patients who have received it frequently must be kept on the antithyroid drug for several months since many of my patients have a diet rich in sea food. I have speculated as to whether the patient who appears to be taking a longer period of time than normal to become euthyroid on propylthiouracil may not be getting a significantly high intake of iodine. The patient who continues all normal activities including his regular work is also likely to require a longer period of preparation.

The decision as to the timing of surgery must be made by the attending surgeon, and it is here that his previous observations of the patient are invaluable. One is on much more certain ground in deciding that a previously toxic patient is now euthyroid if he has had the opportunity of watching his response to treatment. Many times, in spite of a mild appearance of toxicity, as evidenced by slight sweating or activation, a pulse of 90 to 100 even after ten to fifteen minutes' rest, or slight persistent tremor, I have made the decision that the patient is sufficiently near euthyroidism to permit surgery safely and have had this impres-

sion confirmed by the operative course. However, the same patient, if seen for the first time in the same state, may give the impression of sufficient toxicity to cause one to defer operation for another two to four weeks. The weekly observation of the response to antithyroid therapy is by far the best method of deciding upon the time for surgery, and I frequently do not take a BMR before operation. Lugol's solution is given routinely for the last ten to fourteen days, usually after stopping the propylthiouracil. With this agent, the previously soft, vascular gland undergoes involution and becomes clinically more firm and technically manageable at the time of surgery.

The Technique of Thyroidectomy

The performance of safe surgery on the thyroid or any portion of the neck depends upon the same fundamental surgical principles that apply to surgery of any part of the body: adequate exposure and good hemostasis. Perhaps more than in other areas, positioning of the patient is most important for good exposure in thyroid operations. Complete or very nearly complete extension of the neck, by the use of folded pads or an extension bar placed transversely beneath the shoulders, is an essential step. After placing this support, the operative field is brought into optimum position by raising the head of the table. Sterile drapes should be so applied as not to encroach upon the operating space. For this reason, I do not use the conventional thyroid sheet but instead place sterile sheets under the head and over the shoulders and screen, leaving the anterior neck entirely exposed.

An adequate incision of the necklace type is used; its placement is a matter of election to some degree. My preference is to put it low so that the patient may more easily conceal it, although this makes exposure of the upper poles a little more difficult in some cases. Complete elevation of the skin flap to the notch of the thyroid cartilage minimizes this disadvantage. Transection of the pretracheal muscles on both sides is essential to good exposure of the thyroid gland. This is best done at a high level so as to preserve the nerve supply, which enters low in the neck by way of the ansa hypoglossi. This nerve can frequently be seen running longitudinally along the anterior surface of the carotid sheath before it branches into the sternothyroid and sternohyoid muscles.

The neck is an extremely vascular area and an accurate knowledge of the origin, course and distribution of the more important vessels facilitates greatly in maintaining a dry field where important structures can be identified. Precise knowledge of

Surgical thyroidectomy has not yet been replaced by radioactive iodine therapy for diffuse thyroid hyperplasia. Practical details of surgical treatment of Graves' disease are discussed.

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the arterial supply and venous drainage of the thyroid and of the tissue planes in the neck enables one to mobilize the gland with a minimum of hemorrhage and staining of the tissues with blood. Once the gland is mobilized laterally, identification of the recurrent nerve is usually easy, and with a little practice one can learn to recognize the parathyroid glands. It should be possible to identify and preserve with certainty at least one or two of these minute structures. Necessary prerequisites are, of course, good exposure by the steps already outlined and careful hemostasis. It is best to identify these yellowish-brown glands early during mobilization of the lobe, before the tissues become stained with blood. The glands may lie in any part of the neck or mediastinum but it is usual for at least one or two to be found in one of their normal anatomical locations. Characteristically the inferior parathyroids lie on the posterior aspect, in the mid-portion of the lobe, near the point where the inferior thyroid artery enters the substance of the gland. The superior parathyroids are most commonly found on the upper pole of the gland, frequently lying between it and the muscles on the side of the thyroid cartilage. Frequently, they are associated with a lobule of fat, but by gently teasing the fat away, one can identify a discretely encapsulated glandular mass. Even the most gentle manipulation usually causes them to become blue or black due to intracapsular hemorrhage, and this feature serves to differentiate them from less vital tissues.

I am not content merely to locate the recurrent nerve as it emerges from the superior strait of the chest. Gentle spreading of the tissues adjacent to and in the course of the nerve will permit its exposure up to its point of entrance into the larynx at the level of the inferior horn of the thyroid cartilage. It is in this area that it is most susceptible to injury during resection of the lobe if a radical procedure is to be done. Deviations from the normal anatomy, such as a non-recurrent inferior laryngeal nerve, or extralaryngeal division of the nerve (as many as six branches have been reported), make injury more likely, and they must be carefully watched for.

The superior laryngeal nerve is only slightly less

important to normal function of the larynx than the recurrent. Frequently this runs close beside the superior thyroid artery and it can easily be included in the ligation of this vessel.

Resection of each lobe of the gland is performed after complete mobilization of the superior and inferior poles, leaving only a small remnant alongside the trachea. Since 1953, I have been performing a total lobectomy on one of the two sides, selecting that side on which I have been able to positively identify a parathyroid. When this is done, resection on the opposite lobe is slightly less radical but in any event not more than a gram or two of thyroid tissue is left behind.

It is interesting and advisable for the surgeon to watch the course of the patient's pulse and blood pressure during the induction of anesthesia and the resection of the gland, for it will give a good indication of the state of preparation of the patient. In fact, when iodine alone was commonly used in preparation of the toxic thyroid, it was imperative for the surgeon to be aware of the patient's response, for on it depended the decision whether to complete the operation at one sitting or in stages. If the patient's pulse and blood pressure remain stable throughout anesthesia and surgery at 80 to 90 per minute and 120 to 140 systolic, respectively, he is definitely in a euthyroid state and the surgeon is satisfied that he has timed the operation properly. However, if his estimation of euthyroidism has been in error, as indicated by rising pulse or blood pressure during the procedure, he must consider whether or not he must proceed with a two-stage resection.

My preference of an anesthetic agent for primary hyperthyroidism is the induction of the patient with intravenous sodium pentothal followed by the administration of nitrous oxide, oxygen and ether via an intratracheal tube. With these agents, the patient's course during surgery is usually stable with no rise in pulse or blood pressure if he has been properly and completely prepared. On a number of occasions, I have observed the cardiotonic effect of cyclopropane, as manifested by gradually rising systolic blood pressure and pulse during its administration to a euthyroid patient. Upon changing from cyclopropane to ether, the pulse and blood pressure returned to normal levels and continued so until the termination of the operation. In a patient who has a disease which already has produced an increase in the irritability of the myocardium, it seems unwise to add an anesthetic agent that will aggravate this state. It is true that cyclopropane permits the administration of high concentrations of oxygen, but this can also be accomplished with a closed ether system. I personally have never observed any serious consequences from the use of cyclopropane, but such have been reported, and it seems unwise to add even any small risk when other methods are just as satisfactory.

Postoperative Course

The complications of thyroid surgery most to be feared are hemorrhage, tetany and recurrent nerve paralysis with resultant obstruction of the airway. Thyroid crisis, the great threat to any patient who was subjected to thyroidectomy for hyperthyroidism before the days of the antithyroid drugs, is now a rare occurrence. A patient whose antithyroid medication has been continued until he is in a euthyroid state will not have thyroid crisis; if he does, it indicates that the estimation of the patient's state of preparation was inaccurate.

Adherence to the principles and techniques already outlined will minimize the technical hazards mentioned. Drainage of the wound is no substitute for hemostasis, but all who have operated upon patients with primary hyperthyroidism know how vascular the area is, seemingly much more than in a non-toxic patient, even though the patient is euthyroid at the time of surgery. The use of drains in most toxic goiters has shown me how impossible it is to predict how much oozing there will be from the operative site, even though the wound appears to be as dry as possible. If this seepage of blood is allowed to accumulate even in small amounts, the resultant clot in the operative field encourages continued oozing from the ends of vessels and a massive hematoma can rapidly accumulate. By the use of drains and a compression dressing, supplementary to good hemostasis, the incidence of significant postoperative hematoma can be kept at a minimum.

The recognition and preservation of parathyroid tissue will prevent permanent tetany. Temporary hypocalcemia due to operative trauma and postoperative edema of the parathyroids does occur occasionally. This usually requires one or two intravenous injections of calcium gluconate at the onset of symptoms, followed by the oral administration of calcium for a few days. The patient's first complaints are usually circumoral numbness and tingling, and tightness of the hands and fingers. A tourniquet test at this time will demonstrate carpopedal spasm. I have rarely seen a positive Chvostek's sign. The earlier the hypocalcemic symptoms appear, the more likely they are to be severe and protracted; in most cases, they have not appeared until twenty-four to thirty-six hours after operation and have been of short duration. In at least two patients, the initial unpleasant symptoms of the hypocalcemia caused the patient to be so apprehensive that hyperventilation occurred; this seemed to result in a sudden and marked exaggeration of the tetany, which was

subsequently controlled by sedation and usual medication.

Injury to one recurrent nerve causes a permanent change in the patient's voice, but is not a threat to life. Bilateral recurrent nerve paralysis, on the other hand, may obstruct the airway, and as a rule requires tracheotomy. There is no treatment for this complication; the only cure is prevention. It is to be hoped that with better techniques, the various operations devised to alleviate the disability of bilateral recurrent nerve paralysis will go down in medical history as a symbol of a bygone era. It must be conceded, of course, that even the most careful operator will occasionally injure a recurrent nerve when the normal anatomical relationships are distorted. It is awareness of the fact that these variations do occur and must be watched for that will keep these accidents at a minimum. With a little practice, there is no trick to identifying the nerve in its normal position, but when it is not readily identifiable, one must immediately suspect some deviation from the normal anatomy which may make injury of the nerve more likely. I am convinced that gentle identification of the recurrent nerve, and even complete dissection throughout its course provided the structure itself is not handled with forceps or pinched with a hemostat, does not result in more than temporary alteration of voice and usually not even that. On numerous instances, I have seen the patient have a normal or nearly normal voice for the first twenty-four to forty-eight hours after surgery, only to develop temporary hoarseness later which I was sure was due either to tracheitis from the intratracheal tube or to the postoperative reaction in the peritracheal tissues.

Injury to the superior laryngeal nerve causes the patient to complain that his voice is weak and that he is unable to shout or sing. In addition, there is a tendency to choke while swallowing, especially liquids. This latter symptom is due to the fact that fluids enter the glottis as a result of the sensory disturbance caused by the injury. This complication is most distressing to the patient and is not to be lightly regarded. Care on ligation of the superior pole vessels will usually prevent it.

Convalescence

After the dangers of immediate postoperative reactions have passed and the patient is convalescing at home, one should continue to make periodic observations. It is my custom to see the patient at six weeks and three months after a subtotal thyroidectomy for primary hyperthyroidism. In my experience, it is common for the patient to go through a temporary hypothyroid phase, but in most instances, if given time, the metabolic rate will return to normal. In evaluating these changes, the BMR is of little help to me; rather, I depend upon the patient's appearance and feeling of well being. These changes in the metabolic state are best illustrated in the accompanying graph of a representative case, although the figures are purely hypothetical. It is best not

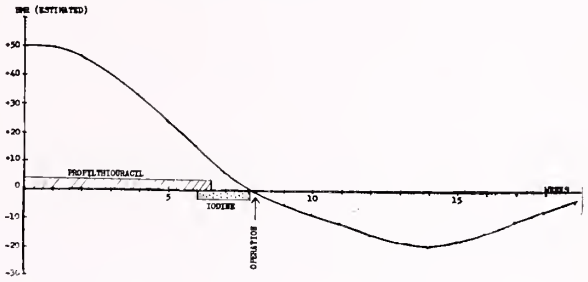


FIG. 1—BMR of a hypothetical patient with primary hyperthyroidism during preparation and after operation.

to administer desiccated thyroid during this transient phase of hypothyroidism, because of the antagonistic effect of thyroxin on the production of thyroid-stimulating hormone of the pituitary. The natural course to be expected is for the latter to produce enough stimulation of the thyroid remnant so that the optimum amount of thyroxin will be provided by it. Artificially introduced thyroxin will interfere with the development of this normal balance. Even a very small remnant of thyroid, provided it is capable of functioning normally, will suffice. Tracer iodine studies after total thyroidectomy have shown that the majority of patients, who preoperatively have primary hyperthyroidism had a normal uptake of radioactive iodine in the region of the thyroid gland one year after surgery. It is my own impression that if the removed thyroid tissue shows a considerable amount of chronic thyroiditis, the patient is more likely to require replacement therapy postoperatively, and probably under these circumstances, the size of the remnant one leaves has little to do with this need.

Results

These observations and opinions are based on the 56 cases that I have personally observed and operated upon during the past eight years.

This series suggests that toxic diffuse goiter is a disease of the younger age groups. Forty-three of the 56 patients were under 40. The youngest patient operated upon was 16, the oldest 65. There was a preponderance of women, there being 39 female patients to 17 males. No conclusions can be drawn regarding the racial distribution, but the fact that there were 22 Japanese, 11 Chinese, 8 Hawaiians and only 7 Caucasians indicates that a change has occurred in the population of this

community. When Dr. Strode first came to these Islands over thirty years ago, he rarely saw a case of hyperthyroidism. The majority of the patients seen had been ill a relatively short period of time. Twenty came with symptoms of less than three months' duration and 14 more had been ill for less than a year. Two of the cases included were operated upon for recurrent hyperthyroidism. Only 5 patients subjected to surgery might be said to have had large goiters. These were estimated to be more than three times the normal size of the thyroid gland. The largest gland removed weighed 237 grams, and this was in a patient who had been on antithyroid medication for over a year while a patient at the Territorial Hospital. During that time, her goiter had grown progressively larger. In 48 patients, the thyroid gland was estimated to be from one and one-half to three times normal size.

All but 8 of the patients operated upon were prepared for surgery with antithyroid drugs, usually propylthiouracil. Itrumil (iodothiouracil) was used in a few cases and found to be unsatisfactory. The 8 cases referred to were prepared with iodine alone, all before 1950. Forty-one of the patients had the routine type of bilateral subtotal thyroidectomy, but 15 patients since 1953 have had a total lobectomy on one side and a subtotal on the second. This type of procedure has been elected on the basis that if the patient were to have a recurrent hyperthyroidism, there would be only one remnant concerned, and that would be on the side opposite to where a normal parathyroid had been left behind. Thus the patient is protected from the two most dreaded complications of surgery for secondary hyperthyroidism, bilateral recurrent nerve paralysis and tetany. It must be conceded that the use of radioactive iodine is the treatment of choice for recurrent hyperthyroidism, and this technique has probably now been outdated.

In this series of 56 cases, there were no known injuries to the recurrent nerve, although routine postoperative laryngoscopy has not been done. One patient had symptoms suggesting an injury to a superior laryngeal nerve. Moderate bleeding, requiring only the local evacuation of a hematoma, occurred in 4 cases. Severe hemorrhage with massive hematoma in the neck occurred twice, one of these cases being the aforementioned patient from the Territorial Hospital who had the largest goiter in the series. Both of these patients required tracheotomy. Mild postoperative tetany requiring only temporary treatment occurred in 4 cases. Severe postoperative tetany occurred three times. One of these patients was again the patient with the largest goiter recorded, and when last seen, still had mild chronic tetany which was partially controlled by oral calcium, but because of the patient's mental state, she was unable to cooperate for adequate replacement therapy. A second patient who developed severe tetany also had mild tetany preoperatively which was probably due to hyperventilation. It was felt that much of her problem with postoperative tetany was also due to hyperventilation. When last seen, she had no symptoms of tetany. The third patient, early in the series, had rather severe symptoms of tetany postoperatively and was still on oral calcium when she was lost to follow-up.

There were no deaths in these 56 cases, which included 4 patients classified as thyrocardiacs. Forty-two of the 56 patients have been observed for long-term follow-ups, the minimal interval being six months, with most of them for much longer periods. Eight of the patients have not been adequately evaluated because they were operated upon as staff cases and were not followed by me personally. The remaining 6 patients were lost to follow-up because they were from the neighbor islands, or because they had moved to the mainland. Of the 42 who have been followed, 33 are estimated to be leading normal lives with normal metabolism and no need for supplementary medication. Six patients are thought to be slightly hypothyroid, either requiring no medication at all or medication only occasionally for symptoms. Three patients are being carried on maintenance dosage of desiccated thyroid. There have been no cases of recurrent hyperthyroidism.

Summary and Conclusions

The effectiveness of radioactive iodine in destroying the hyperplastic thyroid gland is not questioned, but the long-term results of this form of treatment are yet to be evaluated in significantly large numbers. If such do not reveal the occurrence of serious complications, this form of therapy may well replace the surgical treatment of this disease.

The preoperative preparation of the patient, the technique of thyroidectomy, the postoperative course and complications and the results of surgery have been discussed, perhaps for posterity. The results warrant the statement that it is one of the most satisfactory surgical procedures that is performed today.

Such a satisfactory form of therapy should not be lightly set aside unless it can be shown that the newer methods provide just as satisfactory results without any increased hazard.

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ACUTE CHOLECYSTITIS

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The longer acute cholecystitis lasts, the harder it is to operate upon. The concept of a critical period in acute cholecystitis is largely fallacious.

THE FACTORS for and against early operation in acute cholecystitis have been discussed repeatedly, and in most mainland centers, the practice at the present time is to operate early. There is still considerable tendency locally, however, to delay surgery in the hope that the process will subside and the operation may be done under more favorable circumstances.



DR. CHERRY

The terms immediate, early, and delayed, as used herein, should be defined. By *immediate* is meant "as soon as the diagnosis is established." By *early* is meant "after the general condition of the patient has been brought to as nearly optimum a state as possible with hydration and electrolyte balance reestablished and carbohydrate reserves replenished." By *delayed* is meant "after the acute clinical symptoms have subsided." A period of six weeks to six months is allowed to pass after the acute phase has quieted, if delayed surgery is contemplated.

Risks of Delay

Those surgeons who advocate conservative management of the acute gallbladder and delayed cholecystectomy do so on the premise that the acute process practically always subsides, that the technical difficulties associated with cholecystectomy are greater in the acute than in the chronic phase, and that perforation of the gallbladder rarely occurs. They accept the concept of a critical period, usually considered to be from the fourth to the twelfth day following the onset of symptoms, during which surgical intervention is hazardous and following which it is less so.

Ross *et al.*[1] have conclusively shown in a study of the pathologic process (of acute cholecystitis) in relation to the clinical management, that while the clinical symptoms may, and frequently do, subside, the pathologic process does not. They found that, as a result, the longer the process endured, the more difficult the removal of the gallbladder proved to be. They state "the avoidance of surgery during any arbitrary period of time increases the morbidity of the disease, does not lessen and probably increases the technical difficulties, finds no support in the pathological studies on the gallbladders, and is a concept that should be removed from surgical thinking." They reported a loss of 2 out of 134 patients treated surgically, as against a loss of 2 out of 19 treated conservatively, in the acute phase of their illness. These two latter both had perforation of the gallbladder and generalized peritonitis at autopsy. Further argument against conservative management in the acute phase lies in the refutation of the idea that perforation is rare, in a recent report by Pines *et al.*[2] of 90 cases of perforation in acute gangrenous gallbladders.

Those who have had experience in treating patients with bile peritonitis unanimously agree that it is a particularly lethal inflammation, to be avoided if at all possible. It is true that most often perforation of the gallbladder results in a walled-off abscess and collection of pus, rather than a diffuse bile peritonitis. This, however, is a serious complication resulting in severe illness to the patient and difficult and trying anatomical distortion to the operator.

Most authorities agree that acute cholecystitis does not represent an emergency that must be subjected to immediate surgery without regard to restoration of fluid and electrolyte balance. Most of these patients have delayed seeking medical attention and have been vomiting, starving, and perspiring, and are poor risks when first seen. The time required for rehydration and restoration of sodium, potassium and chloride reserves is well spent, indeed mandated, if one wishes his patients as well prepared as possible to withstand the stress of anesthesia and surgery. If, for instance, a patient is seen in the office with acute cholecystitis complicated by dehydration and electrolyte deficit, he may be admitted at once to the hospital, and fluid and salt deficits corrected in preparation for

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[1] Ross, F. P., Dunphy, J. E., and Boggs, T. O.: Studies in Acute Cholecystitis, Surg., Gynec. & Obst. 91:271 (Sept.) 1950.

[2] Pines, B., and Rabinovitch, J.: Perforation of the Gallbladder in Acute Cholecystitis, Ann. Surg. 140:170 (Aug.) 1954.

surgery the following morning, at which time he would be an infinitely better surgical risk.

The longer the operation is postponed (beyond a day or so), however, the more technically difficult it is likely to become as a result of the progression of pathological changes. At the onset of the acute process, the most notable change in the tissues is the effusion of fluid into the wall of the gallbladder, the peritoneum overlying it, and the adventitial structures adjacent to the cystic duct and artery. This is followed by the cellular infiltration, which produces first induration and later suppuration. A fibrinous process ensues in the subsequent three to five days, immature fibroblasts follow, and as time passes, the fibrinous elements become fibrous. The edematous and suppurating tissues become necrotic or fibrotic. Restoration of these tissues to normal will require many months at best; usually it does not occur at all.

Martin states, "In some cases, the inflammation will apparently subside, but there is no way to evaluate accurately what is taking place within the abdomen. The clinical picture of subsiding inflammation may mask serious complications. The inflammation which seems to subside may later appear as a subhepatic abscess or other suppurative process such as pancreatitis, a duodenocystic fistula, common duct obstruction, or other complications more difficult to treat than acute cholecystitis. Or the attack may really subside and the patient decide against surgery."[3]

Assuming that the best approach is early operation, the question next arises as to what is the best procedure to be performed for the acutely inflamed gallbladder. Ideal, and in most instances safe and feasible, is cholecystectomy, since it removes the offending organ, prevents further attacks, and does not require further surgery. Exploration of the common duct can almost always be safely done even in the face of acute inflammation around the ampulla of the gallbladder, using the cystic duct, which is never gangrenous (though occasionally embedded in dense scar) as a guide to the common duct. Cattell has recently indicated that he believes the acute gallbladder is a definite indication for common duct exploration, but I doubt if many other authorities—in the absence of any other specific indication for exploration—agree on this point. However, jaundice, common duct dilatation and any condition indicating exploration of the common duct under other conditions are equally applicable when the gallbladder is to be removed for acute inflammation.

Cholecystostomy

Although the extent of anatomical distortion and the severity of the reaction may rarely necessitate a compromise resort to cholecystostomy as an escape from a highly hazardous technical situation, this is and should be infrequently necessary. Cholecystostomy does have a definite place in the treatment of acute cholecystitis, but its proper place is not that described above. It should be used as a planned procedure, performed under local anesthesia, through a small incision overlying the palpable dome of an acutely distended gallbladder, in the individual who is so desperately ill or so aged and infirm that he would not tolerate a prolonged operation under general anesthesia, and yet would most certainly succumb if not relieved of the acute process in his abdomen. This procedure can be performed in a few minutes without adding to the stress under which the moribund individual is struggling, and is often lifesaving. In these instances, definitive surgery may or may not be carried out at some future date depending upon the general condition of the individual.

Results of Early Operation

It has been my practice since June, 1952, to operate on cases of acute cholecystitis early; that is, as soon as rehydration and electrolyte balance could be established. During this period of time, ten patients who had, or had recently had, acute cholecystitis, were operated upon. Four of these had had no previous symptoms suggestive of biliary tract disease. The other six had complaints ranging from seven years to two months prior to surgery. Nine patients had gallstones and the tenth had crystalline debris in the cystic duct, but no actual stone. The common duct was explored in six patients, because of dilated common duct and pancreatitis in one, dilated common duct in two, large cystic duct and numerous small stones in the gallbladder in one, and presence of sand and biliary debris in gallbladder in one, and small shrunken gallbladder with dilated common duct in one.

In six patients whose common ducts were explored, findings were negative in two. One contained several large stones in the common duct, one contained granulomatous material indicating a choledochitis but no stones, and two patients had ampullary stenosis, which required more than the usual effort and patience to dilate. The common duct of one of the latter also contained sandy debris.

It might be stated that once the gallbladders were removed, it was no more technically difficult to explore these common ducts than it normally is in a non-acute cholecystitis.

Ross attempted to correlate the technical difficulties with the duration of the acute process and

[3] Martin, W. L.: Management of Acute Cholecystitis, Postgrad. Med. 15:437 (May) 1954.

concluded that the surgery was actually less complicated during the so-called critical period than it was at a later date when fibrosis had matured. Although our series is too small to be statistically significant, our experience in general corroborated his.

Three of our patients were operated upon within twenty-four hours of the onset of their acute symptoms. In these cases, edema actually facilitated the dissection, and no difficulty was encountered in the routine removal of these gallbladders.

One patient had been ill for two and one-half days, and cholecystectomy again was actually facilitated by edematous tissues, which allowed dissection of the cystic duct and artery and easy stripping of the gallbladder from its liver bed.

Three patients were operated upon in the so-called critical period, and although two of these gallbladders were gangrenous, no particular difficulty was encountered during their removal. In two others, common duct exploration was indicated and was done without difficulty.

Three remaining patients had had the onset of symptoms suggestive of acute cholecystitis thirty, sixty, and sixty days prior to surgery. All of these, though symptomatically improved after several days of acute illness, had continued to have pain and upper abdominal discomfort and digestive dysfunction. At the time of surgery, all three gallbladders were grossly acutely inflamed. Fibrosis and anatomical distortion were marked. Great difficulty was encountered in identifying, exposing and protecting the vital structures of the area. Although cholecystectomy and common duct exploration were carried out in each of the three, dissection was extremely difficult, and operating time and effort were greatly increased in comparison to cases in the earlier categories. In operating upon these cases, excellent light, flawless exposure, complete muscular relaxation of the patient, and skilled assistants are necessary to carry out the operation, and even under these ideal circumstances, hazard to the patient is greatly increased. Although there were no deaths or postoperative complications in this latter group, it is felt that they represented much greater risks than those patients seen during the "critical phase," even though the latter group were in a poorer physiologic state.

Average hospitalization in the early group, and in the intermediate or critical phase patients, was about eleven days. Those operated upon in the late group averaged twelve days.

There was one death in this series. This patient was 67 years old. He had had no symptoms suggestive of cholecystitis prior to the onset of his illness, twenty hours before surgery. He had had an attack of severe upper abdominal pain three years previously, and a subtotal gastrectomy had been performed elsewhere for what was reported as a suspicious thickening in the prepyloric region. Pathological report stated the stomach removed was normal, and the patient had recovered after a rather stormy convalescence. At this operation, an acutely inflamed and distended gallbladder was found, with a walled-off perforation. There were no stones, but the cystic duct, which was tiny, was obstructed by biliary sand and debris.

Cholecystectomy was performed without incident, and the patient was returned to the ward in apparently good condition. It was noted, however, that he vomited a great deal of bile postoperatively, and though aspiration was done immediately, it is possible that some of the bile entered the trachea. The patient apparently was well until the following morning, when he was noted to be cyanotic and having considerable difficulty in clearing secretions from his lungs. Sputum was noted to be bile stained. Cyanosis could not be cleared with oxygen and pharyngeal suction, respiratory difficulty progressed, and the patient expired approximately twenty-four hours after surgery. Autopsy revealed almost complete consolidation of both lungs, although the trachea and bronchi were clear. Histological examination has not been completed but the cause of death must be assumed to be pneumonitis or pneumonia. A possible contributing factor was occlusion of the right iliac artery by long-standing arteriosclerosis.

Summary

The longer acute cholecystitis lasts, the harder it is to operate upon. The concept of a critical period in acute cholecystitis is largely fallacious.

Ten cases of acute cholecystitis, operated upon at various phases of the disease, tended to confirm the foregoing concepts.

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PLASMA EXPANDERS

LT. COLONEL EDWIN J. PULASKI, MC, USA,* Honolulu

THE HISTORY of the development of plasma expanders relates to wars and other large scale emergencies in which a deficit exists or is anticipated between the demand and the available supply of blood and its derivatives. Gum acacia was developed and used as a substitute for blood during and after World War I, but was discarded after the finding that it was stored in the liver and the kidneys, with deleterious effects. Subsequently, a variety of other substances, e.g. pectin, isinglass, coconut milk, were investigated. Of these, only osseous gelatin met with success on extended trials; this material was used here in Pearl Harbor during World War II, with excellent results.



COL. PULASKI

The unprecedented heights which the Red Cross Blood and Plasma program reached during World War II resulted in a less vigorous program of research in the United States on plasma volume expanders. Abroad, however, where blood bank systems were not as well developed or productive as in our country, two plasma substitutes for the treatment of shock were introduced: "P.V.P.," or polyvinylpyrrolidone, in Germany (1942); and "Dextran," in Sweden (1944). Both received extensive trials and wide acceptance in their respective countries.

Renewal of interest in plasma volume expanders stemmed from the desirability of stockpiling antishock solutions in the event of a nuclear weapon attack, and the sudden demands created by the Korean War. Gelatin, P.V.P., and dextran received the most attention; other substances either did not, or have not yet met the standards of acceptability of a safe and suitable product. These criteria include the following:

The material should be effective as plasma in the treatment of shock; it should be easy to administer, completely sterile, free from pyrogens, stable on storage in all climates, free from immediate or delayed adverse effects, and ultimately excreted with no harm to patients in whom it has been infused. Also, the material should be cheap, and be readily produced from materials readily available both in peacetime and in war. While no substance fully meets these requirements, P.V.P., gelatin, and dextran are the products so far developed which are the nearest to doing so. Their present status may be summarized as follows:

P.V.P., a molecule easily synthesized from acetylene, formaldehyde and ammonia, and made up as a 3.5 per cent solution, was used extensively and successfully by the Germans for the treatment of shock during World War II. Records, however, were lost after the war came to an end, and there was little knowledge of the fate of this material in man. It was soon shown that P.V.P. is not metabolized at all, and that after its infusion it is slowly excreted by the kidneys over a period of months. Deposition of the retained portion occurs in the reticuloendothelial system. At the present time the significance of this storage is not known. Until it is proved that there are no long term unfavorable effects from P.V.P. storage in the body, unqualified approval for unrestricted use in patients with circulatory collapse is being withheld.

Over 10 years' experience has attested to the safety and efficacy of 6 per cent osseous gelatin solution as a plasma volume expander. Its major limitation is solidification in a cool environment, which prohibits its use in any but well heated buildings or in warm climates. Considerable efforts have been expended to modify the gelatins to achieve an effective preparation with a lower gel point. Apparently, however, the gel point can be lowered only at the expense of a smaller molecule, which, in turn, leaves the circulation rapidly; this shortens the duration of efficient maintenance of the circulation. Gelatin, therefore, appears to be consigned to usage for the treatment of shock in heated hospitals and temperate climates.

Dextran is a polysaccharide formed by the bacterial or enzymatic fermentation of sugar. A 6 per cent solution of proper molecular size given intravenously is effective in combatting circulatory collapse. Commercially available dextran solutions may be given with less likelihood of sensi-

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tization or other reactions than following the infusion of plasma. The rare reactor responds to antihistaminics or epinephrine. Since solutions of dextran are completely sterile, the risk of hepatitis associated with infusions of plasma does not apply. The facts that dextran is excreted by the kidneys without damaging them, that the unexcreted portion is metabolized by the body, and that repeated injections are non-sensitizing, all lend support to the safety of this material. The major adverse effect (the tendency for certain individuals receiving in excess of 3 units [1500 cc.] to demonstrate prolongation of bleeding time) is not a deterrent to its use, except in individuals suffering from bleeding tendencies. Experiences in Korea, where mass trials were conducted by trained observers, and in numerous civilian centers, have demonstrated that dextran alone, or together with whole blood, is safe and effective during the preoperative, operative and postoperative periods of resuscitation of surgical patients. If blood loss is no greater than 1000 c.c., complete resuscitation usually obtains following the infusion of dextran alone. Also, where the fluid lost is mostly plasma, as in thermal injuries, dextran alone may be used in lieu of plasma or albumin for the prevention and treatment of shock. Where blood loss is more extensive, dextran may be given until whole blood becomes available, and thereafter in a ratio of 1 unit to each unit, or 2 units, of blood. Whenever hemorrhage is not a serious factor in circulatory collapse during or following elective surgery, dextran is as effective as plasma or whole blood. For these reasons physicians should have made available dextran, or, in this climate, gelatin, for use in emergencies at sources to which they now turn for plasma or albumin. If circumstances permit, blood should be drawn for typing and cross-matching prior to dextran or gelatin infusions; if not, their prior use should be made known to the agency which is called upon to type and cross-match the blood.

Dextran and gelatin are safe, economical and efficacious plasma volume expanders. Polyvinyl pyrrolidone is efficacious but we still don't know how safe it is. Do you know how to use them?

Summary

At the present time three plasma volume expanders are under consideration: dextran, gelatin, and polyvinylpyrrolidone. A wider experience has accumulated with dextran and it is now most popular. Gelatin is a safe plasma volume expander but its gel point remains high unless the molecules are so small that they are too rapidly excreted into the urine. Polyvinylpyrrolidone can be used as a plasma volume expander but it has not been completely accepted because a large amount of the material is stored for long periods of time, particularly in the reticuloendothelial system. Until the exact significance of this storage phenomenon is further delineated, it cannot be completely accepted.

Dextran and gelatin solutions are both safe and efficacious as plasma volume expanders for the emergency treatment of shock. The advantage of dextran over gelatin is that it can be used in an environment so cold that it would solidify gelatin and make it useless. Both products are cheaper than plasma or albumin and free from the risk of serum hepatitis which may follow plasma infusions. Both are compatible with simultaneous or subsequent transfusions of typed and cross-matched whole blood.

ARE YOU TAX BAIT?

Part Two

RALPH R. BENSON, LL.B., Los Angeles, California

BAIT No. 10

Is the wife in the divorce court telling all?

Dr. J. is being sued for divorce. His wife is asking $1,000 a month support. A process server appears at his office and hands him a subpoena which reads:



MR. BENSON

"THE PEOPLE OF THE STATE SEND GREETINGS . . . We command You, that all singular business and excuses laid aside, you attend a session of Court . . . and that you bring with you then and there . . . all books, records, journals and ledgers . . . *as well as Federal and State Income Tax Returns* . . . all for the past 5 years . . . and for failure to so attend, you will be deemed guilty of contempt of court. . . ."

At the hearing, the wife's attorney calls for all the documents under subpoena and introduces each one into evidence, Exhibits 1 to 25. All of these documents are now part of the court file—an open public record—and snapped up by the newspapers. His wife takes the stand and testifies that the income tax returns are fraudulent, that Dr. J keeps a double set of books, and that the exhibits show only part of his income. The Judge orders the Doctor to pay for a complete investigation of his books by an outside accountant. Three months later, the accountant says the books are o.k. The statement of the wife was untrue and malicious.

During the time that this accountant was poring over the books, a Special Agent from the Internal Revenue Service might have been sitting by his side.

The moral is: Before a wife's wild charges can be aired and before an easily issued subpoena goes off on a wild hunting expedition, the doctor and his lawyer should sit down with his wife and her lawyer, to reach a fair and reasonable agreement for a full and quiet accounting. By avoiding a contested court hearing, Dr. J would thereby preclude any possibility of adverse publicity of what is nobody's business but the Doctor's and his wife's.

BAIT No. 11

Has a Federal or State Agency become aroused about you?

Dr. K, on the night of April 15, at five minutes to twelve, was too concerned in getting his Federal and State tax returns in the mail to worry about anything else. This was the beginning of his troubles with both the State and Federal tax men. He stood there in line at the downtown post office with the two returns in his hands, anxious to drop them in the mail chute. He had just finished a feverish two hours working on his Federal return and State return and giving too little time to either. In all that rush he did not realize that both these returns are closely related—as close as Siamese twins joined at the midline of the adjusted gross income. He was tired, dog-tired, as he fought his way back finally, empty-handed and relieved, ten minutes after twelve, through the traffic still headed towards the post office. He was happy, however, because he asked for a $500 refund on his Federal return.

Two months later the Federal tax people sent a pre-refund audit notice and later called him in to examine his records. They found more errors outside the return—the gross receipts should have been $2,000 higher. The adjusted gross income was therefore higher. The Doctor was disallowed the $500 refund and had to pay $200 more plus interest, which he paid. He then felt that the episode was ended when he sent the money order for the additional tax due and interest by return mail.

Six months after that, because the Doctor did not report the $2,000 additional income to the State, the other side of the Siamese twin came back on the scene when the Doctor received a letter from the State Income Tax Office. The Doctor did not have to visit their office. But he did pay the State the additional tax due them of $55.00. This additional tax was based on the information supplied by the Treasury Department to the State Tax authority.

The moral is: Dr. K learned dramatically that there was cooperation between Federal and State agencies, ready to take over when the taxpayer does not know or forgets to coordinate both sides of the tax collection—National and State.

BAIT No. 12

Will a large amount of cash in your safe deposit box create suspicion after your death?

Dr. L, a country GP, born 1884, Cornell University Medical College 1907, died 1955, age 70, of a pulmonary embolism as the result of a fractured hip. He was a dedicated man. His life was uneventful. Every day meant at least two or three late house calls in addition to a heavy office practice. He married at 68, in 1953. He left no will. It never occurred to him that the $40,000 in his safe deposit box would cause any one any income tax problems. In fact, in his modesty, he had never explained to his wife that he had systematically saved $500 to $800 a year in cash for the past 38 years, had cashed in World War I Liberty Bonds in 1931 and had received a $15,000 inheritance in cash in 1950. When he died, the bank notified the widow of the safe deposit box. She was shocked. She did not know it existed. She was in her 50's when she married the Doctor; she was inexperienced in financial matters. A week later the box was opened in the presence of the State Inheritance Tax Collector and the money counted. The Federal Government is likely to tie up the box until the money is explained. The money is an unnecessary and suspicious mystery. When the helpless widow can somehow explain to the Federal Government that the money is not unreported income and no tax due, the money will be released to her.

The moral is: It is standard procedure for the State to check all safe deposit boxes on the owner's death. The Federal Income Tax People stand by. Had the Doctor taken the simple precaution of consulting an attorney after he got married and had prepared a will showing the source of the money savings and bequeathing this property to his wife, there would have been no investigation and no problem.

BAIT No. 13

Do you pay your bills in cash?

Do you think anything could ever shock a Cadillac salesman? Well, just try paying off the purchase of a new Cadillac in cash. Dr. M thought he had just made a good deal. He had not quite reached 35 and was about to become the "proud owner" of their newest model. Of course, it was not all in cash—just $2,000 in $100 bills, the balance of $3,600 of the purchase price was his trade-in, a car only a year old. The salesman recounted the money, piling it neatly on his glasstop desk and with a nervous smile gave the cash receipt and the keys to the excited and happy Dr. M and his wife.

Honesty doesn't necessarily keep you out of income tax troubles. Read about 8 more ways you can get in wrong with Uncle Sam, in this final instalment. Don't be Tax Bait!

In the course of time, the salesman forgot about the whole deal. But Dr. M vividly remembered this purchase for more reasons than he later cared to remember. At Income Tax Season — "open" season for the unwary—Dr. M simply took 100% business and professional depreciation of the new car. This was correct because the car was not used for personal reasons. But he took the straight line method, figuring 4 years of life for the new car, and divided the total price of $5,600 by 4. He was wrong. An accountant would take into consideration the trade-in on the old car by picking up from last year the depreciated value ($3,600 ÷ 4 = $900) and the unused depreciation, $2,700, added to the $2,000 cash balance, for a total of $4,700 before dividing by the straight 4. What had thrown Dr. M off was the sales gimmick of giving him a $3,600 trade-in allowance on the new car, the exact amount he had originally paid for the old car.

The tax return was processed. When the new car showed up it was compared with the depreciation of last year. The tax people thought the old car was overlooked either by being sold and unaccounted for or that he was still using it for business or personal reasons, and should be explained. The Doctor was called in and as a simple routine affair was asked to bring in his receipts and checks on payment of the new car. When the Doctor explained he paid in cash and had no check, he now had a nervous smile on his face reminiscent of the salesman at the car agency office. True, paying bills in cash would not be revealed on the face of the tax return, but once the Government's attention is attracted even by a small bait on the return, then when the cash transactions are uncovered, the Government has a newer and better bait to be intrigued with for a more discerning investigation.

The moral is: If you pay by cash, be prepared for the awkward looks and the nervous smiles. As the Major said to the Lieutenant in the Medical Corps: "Do it through channels." Cash transactions are not routine. Always deposit every cash receipt in a business or professional checking account and all payments can be made from there.

BAIT No. 14

Are you buying property?

Dr. N, 31, in his first year of practice, purchased a $50,000 home. The agreement called for $25,000 cash down and a $25,000 mortgage. The County Assessor, using the 50% value of the real estate as a yardstick, placed a $25,000 value as assessment for county real property taxes.

This new home was a far cry from the fox holes on the Anzio Beachhead as a medical corpsman under mortar fire and exploding hand grenades. With victory in Europe came medical school under the G.I. Bill. He dreamed of a small town practice. Finally, at 31, he was already established in a small city, had a new home, and had married. He donated one afternoon a week to a Spastic Children's Foundation and even gave a donation of $1,000 to its fund. He was well liked by the community and the home was a symbol of his inner well being.

One night he sat down to do his tax return. His return was fairly simple inasmuch as it was his first year in practice. He decided to itemize his deductions on page 3. He took $1,000 charitable deduction. He also took a deduction for the taxes and mortgage interest on the house. His return was absolutely accurate. But his return was pulled. The Government was in a fog as to the low mortgage interest compared to the high real estate taxes. The realty taxes are a give-away as to valuation. When the tax people looked for prior tax returns from Dr. N, they found none. They called him in to meet him. It was a short visit—when the Doctor explained that the $25,000 down payment came from his wife's family as a present to the newlyweds.

The moral is: Be prepared to explain the source of any large down payment in buying property. The size of the down payment reveals itself to the Government both on a tax return and in the records of the County Recorder which are often scrutinized by the Treasury Department. The tax man at the Federal Building looks at the tax return, page 3, for the items of realty taxes and mortgage interest and could then approximate the down payment. The tax man at the County Recorder's Office can look at the recorded mortgage instrument for the size of the debt and then look at the deed for the documentary stamps which are paid on the total value of the property and he then arrives at the amount paid down. At the Recorder's Office, these documentary stamps are helpful because usually the deed to the property does not state the total sales price. Believe it or not, the Government is not a snooper—but the tax checkers and special agents are well trained and intelligent.

BAIT No. 15

Will the inventory of an estate show up possible unpaid income taxes?

This year Dr. O died suddenly of a coronary. He was 36 years old, a professor of pathology, and relied on his $7,000 per annum for his wife and family. All his life he never experienced any income tax headaches. But on his death his income tax problems suddenly came to life.

It all started three years before when he was honored with a $25,000 prize in recognition of scientific achievement and given another $9,000 for three additional years' future work in this field, receiving it at the rate of $3,000 per year for three years. He actually paid no income tax on any of this money. When he died the inventory of his estate showed a cash sum of $25,000 and nothing else. The Government is likely to call the widow in and put a restraint on the funds. The Government is interested in knowing how a professor was able to accumulate $25,000 cash. Actually, there is no income tax payable on the $25,000 itself since it is a "reward" in recognition of the Doctor's past efforts. But the $9,000 which was an "award" for future efforts, although already used up for living expenses, should have been reported on the Doctor's income tax returns for the past three years. So, after the widow retains a lawyer or an accountant and files three separate amended income tax returns reporting $3,000 more per year and pays the three additional income taxes due and interest charges, and after months of delay, the matter will finally come to an end.

The moral is: Nothing is so sure as death and taxes—and even income taxes after death. Uncle Sam regularly checks inventories of estates for income taxes which may have been overlooked by the deceased.

See your tax advisor in the year the money is received to determine if it is taxable or exempt. Do not let the problem linger on.

BAIT No. 16

Are you a victim of the bank deposit method?

Dr. P last year had a crazy bank account that took flip-flops. His trouble was, he put everything in one commercial account—business receipts and everything else. Even $5,000 was thrown into the account when the Doctor hit the jackpot on a super-dooper National quiz show. He sold the two truckloads of prizes, worth $20,000 to the first taker for $5,000 cash. The bank account and the Doctor's luck were riding high—that is, until the photo of the beaming Doctor in the newspaper was seen by the local tax office.

This year his return is checked thoroughly and the money from the prizes traced to his bank account. The Doctor had a new "jackpot": the colossal amount of time spent by him and the tax people in going over his return and bank account. The Doctor was quickly informed that the full fair market value of the merchandise—$20,000.00—was taxable. It was a "shocker" to learn that the Government ignored the $5,000 he received from the extremely willing buyer and was required to pay tax on $20,000, most of which money he never received. He had another jolt when the tax man looked with an inquiring eye at all of his bank deposits for the year showing a grand total of $45,000 when the Doctor had only shown $30,000 gross total on his return earned from his practice.

From a simple bait of publicity, the tax men were attracted to the bigger bait lurking in his bank statements. From the initial bait, a secondary bait was revealed. From a routine field audit, where the agent assumes the honesty of the taxpayer, now the past returns will be turned over to the special agents of the Intelligence Unit as a possible fraud case if not sufficiently explained. Even accounting for the $5,000 from the "lucky windfall," it left the Doctor with the problem of explaining the rest—$10,000 of deposits—for the year. Forcing the taxpayer to explain is called the "bank deposit" method. This torment is actually a part of each investigation since bank deposits are business records. This method is rationalized by the Government as being a valid, reconstructed income. Dr. P is tormented for the next few months in kicking out the phony reconstruction and explaining this $10,000 of deposits. This is what he comes up with:

(1) $3,000 of checks cashed by Dr. P as a favor for his patients. He felt he was far more justified in cashing them than the local saloon with, of course, the patient using the cash from the pay check to pay at least $5 on his bill.
(2) $3,000 transferred from an old checking account in another city—money on which tax had been reported and paid five years ago when the Doctor had been living there.
(3) $1,000 of his wife's "rainy-day" savings deposited when the Doctor's bank balance dropped too low to cover checks that were already out.
(4) A $3,000 loan obtained from his bank and deposited to his account to pay for new x-ray equipment.

The moral is: Dr. P now looks at prizes and quiz programs on radio or TV with a jaundiced tax-eye before ever accepting them again. Dr. P deposits only his net receipts from patients in one commercial account and when he does cash their pay checks at the office, he immediately hustles to the bank and trades the same checks in for cash. When his account is low, he pays his bills by money order. When he borrows money to buy equipment, he has the bank make out the check directly to the surgical supply house, completely bypassing his checking account. When he wants to close out an old checking account, he simply writes checks against it to wipe it out without bothering the old bank to transfer the funds.

BAIT No. 17

Are you a victim of the net worth theory?

Three doctors attended the "birth of a group." There was Dr. Q, an internist, who had the land and building worth $150,000 all paid for. Dr. R was a GP with a large practice as the core of the new group practice. Dr. S, an orthopod of international prestige, would be the "old" man of the group, although only 45, and he was willing to leave his post at the County Hospital and contribute his services as specialist and executive administrator. Neither Doctor R nor S was in a position to contribute any cash or property.

At the end of the first year, the group filed a partnership return, innocently called an "information return," but jammed full of financial information about the group by way of a balance sheet and profit and loss statement. It showed in the net worth, land and buildings worth $150,000, owned by three equal partners. The group made a total net the first year of $120,000 split $40,000 apiece. In view of the income and assets on the partnership return, the Government checked out each partner's individual return, each for the first time. The GP and orthopod, who contributed neither property nor cash, cleared easily. However, Dr. Q, the contributor of the land and buildings, received the "net worth" test. It seems that he did not have his records for the past four years. By a fluke, an aide had thrown out some of his old cash receipt books and records when the Doctor told her it was O.K. to destroy a pile of new day books received in January from practically every surgical supply house and bank.

From the initial bait of high partnership income, the Government went hook, line and sinker for the secondary bait of inadequate bookkeeping to follow the trail of wealth. From a field check, it becomes a fraud check.

Because of the spotty records, the Government applied the net worth accounting method to reconstruct his income over the past three years and to see if that income tallied with his income as reported on the returns. They asked the Doctor for a list of his assets as of three years ago and as of now and figured out the increase. Then they looked at his tax returns as filed for the past

(*Continued on page 264*)



CLARENCE E. FRONK, M.D.

The President's Page

This communication on the giving and acceptance of responsibilities is not a criticism of policies or actions of the past. It is the outcome of lessons learned from almost a half century of observation of the workings of appointive and elective committees. The failure of a committee to function properly or to accomplish desired results is a direct reflection upon the appointing power. There is plenty of good material to select from—it has not been properly chosen.

Much thought should be given to the selection of the chairman. The success or failure of a committee rests largely with him. Should the appointing power not have complete knowledge of the potentialities of the various members from whom the selections are to be made, he should not hesitate to consult and draw upon various sources of information. It is an honor to serve upon any committee, but it also entails sacrifice; sometimes much sacrifice, in time, in convenience, and even financial gain. The only reward is the self-satisfaction of a job well done. The appointive power should talk fully and freely with each prospective appointee, especially as to his willingness to serve and to give freely of his time and energy.

The work of many committees is made difficult and ineffectual by the absence and tardiness of its members. Members are usually absent or late in inverse ratio to how busy they are. For stated meetings the members should select the time most convenient for the majority, and then make every effort to comply. Almost all committee members greatly appreciate having the chairman or his secretary call them the day before or the morning of the set day and remind them of the time and place. The chairman also doubly appreciates it if a member who is to be absent or delayed notifies him promptly to that effect.

Each committee should as nearly as possible represent a true cross-section of the society. It is very important also that each large committee have one member that represents the minority thinking of the group. Many times it keeps the other members from being too complacent.

Be constantly on the search for hidden talent among the members, and when it is found, use it. Be not too hasty in making appointments, for upon wise selections rests the foundation for the success of the appointive power and the entire group.

Clarence E. Fronk

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[EDITORIALS]

A Statistical Orphan Is Adopted!

Dr. William Hyland of Grand Rapids, acting for the Michigan delegation, introduced into the A.M.A. House of Delegates at the Boston meeting, last December, the following Resolution—which was referred to the Committee on Reports of Officers (Dr. Homer Izumi, Chairman), reported out favorably, and unanimously adopted.

WHEREAS, The Hawaii Medical Association will be 100 years old next year, having been incorporated in 1856 under the Hawaiian Monarchy; and

WHEREAS, The Hawaii Medical Association has been a constituent association of the American Medical Association for half a century, having been represented in the House of Delegates at most sessions since 1904 and at all sessions since 1930; and

WHEREAS, Hawaii is an integral part of the United States of America, as shown by the fact that its residents are citizens, and pay the Federal Income Tax, and by a recent federal court decision holding that travel to Hawaii does not constitute travel outside the United States; and

WHEREAS, The District of Columbia is routinely listed in alphabetical sequence among the states in all publications and studies by the American Medical Association, while Hawaii is either omitted, or listed with "foreign countries" or "possessions," or at best brings up the rear, following Wyoming; and

WHEREAS, The Alaska Medical Association enjoys, in all respects except size, a status equivalent to that of Hawaii; now therefore be it

Resolved, That in all future studies or publications of the American Medical Association all constituent societies be listed in alphabetical order, regardless of whether those societies are state or territorial.

Thank you, Dr. Hyland! Thank you, Michigan Delegates! Thank you, House of Delegates of the American Medical Association! We feel we've achieved at least medical Statehood as a result of this Resolution—and maybe it will help in a modest way to bring the goal of real Statehood a little bit closer.

We would also like to express our gratitude to Dr. Homer Izumi, to whose distinguished career as a Delegate from Hawaii for the past two years this Resolution gives an appropriate climax. Undoubtedly, the high esteem in which he is held by the House of Delegates, individually and collectively, played an important part in the favorable reception accorded this proposal.

Social Security Amendments (HR 7225)

Three hundred billion dollars is a lot of money. It is roughly the size of the National Debt—and it is also approximately the total obligated actual or potential indebtedness of the U.S. Government to beneficiaries of the Social Security Act!

Doctors so far are only involved in this as taxpayers—since the Social Security benefits are financed out of current Federal Income Tax funds and are not by any means covered by the Social Security taxes themselves.

The House of Representatives has already passed, and the Senate Finance Committee is currently considering, amendments which would not only rapidly increase the total cost of this frighteningly extravagant operation, but would deeply embroil practicing physicians in its operations. Here, in part, is what is proposed:

1. Lower the Social Security retirement age for women from 65 to 62.

2. Expand Social Security coverage to all self-employed professional groups except physicians.

3. Raise Social Security taxes above even the presently scheduled increases.

4. Extend OASI Survivors' benefits for permanently and totally disabled children beyond the age of 18.

5. Start paying Social Security benefits at age 50 instead of at age 65, for all totally and permanently disabled persons.

6. Require all such persons to accept vocational rehabilitation services, as a condition of receiving Federal cash benefits.

The Board of Trustees of the A.M.A. believes that these proposals would promote increasing harassment of the medical profession by patients seeking to be declared disabled, and by Federal regulations prescribing conditions of disability and procedures for rehabilitation. It believes that these proposals would, by making disability financially attractive, hamper efforts at rehabilitation. It believes that these proposals would place a considerable portion of medical practice on the Federal payroll and under Federal control.

The recommendations of the Board of Trustees —approved at Boston in December by the House of Delegates—are that the Social Security program be taken out of politics, and that the entire program be thoroughly and objectively studied before any further expansion of it is undertaken.

Certainly the present proposals—hastily passed by the House last July without open hearings and with only limited debate—deserve the most careful scrutiny before being brought to a vote in the Senate. They would undoubtedly involve the American medical profession in a host of troubles, ranging from passing judgment on doubtful claims of disability, to Federal intervention into at least one large phase of medical practice, namely, vocational rehabilitation.

Hospital Service Study

Honolulu's hospital resources and needs—in terms of both bed capacity and services—are to be intensively studied this spring by the Stanford Research Institute, working under the auspices and at the request of the Public Health Committee of the Honolulu Chamber of Commerce. The two organizations are to share the estimated $12,000 cost of the study.

It is hoped by the Chamber that the findings can—unlike the findings of previous hospital surveys here—be applied in a practical way, and made effective, by turning them over to an influential, top-level Hospital Advisory Committee of the Chamber when the study is completed. This will be a refreshing change, if it can be accomplished, from previous practices. It has always been customary to file such findings, and for individual hospitals to continue to go their individual ways without regard for the overall pattern of community needs.

It is to be hoped by us all that the study will be sufficiently broad and inclusive to be of maximum value. The number of beds available, or the scope and kind of services available, can mean a great deal more if consideration is given to the relationship of these figures and facts with the over-all pattern of medical and preventive services and facilities. The impact of insurance plans, population changes, income levels, technological advances in medical care, and so on, all play an important part in determining the amount and kinds of need for hospital beds and hospital services. The reputation of the Stanford Research Institute and the University with which it is connected justify the expectation that these aspects will be fully considered.

Use Your Bureau of Medical Economics!

Doctor, please turn to the Bureau of Medical Economics page—it's just a few pages further on —and take three minutes to read it. If that doesn't make you proud of your Medical Society, we miss our guess.

If you're already using the Bureau's services for the collection of delinquent accounts, more power to you—and you can skip the rest of this item. If you're not, don't you think you should? We do. By continuing to use the services of commercial collection agencies, you deprive the Bureau—and your fellow physicians—of potentially important information about slow-paying patients, and also of a certain amount of income. You probably deprive yourself of some income too, since the Bureau's collection fees are lower than those of most agencies. And you may easily hand your Medical Society and yourself a black eye instead of a Vanda corsage—for the collection methods of the professional collector are not tailor made, as the Bureau's are, to maintain a cordial relationship between the medical profession and the community at large.

Low Cost of Medical Care

Medical care of all kinds is about half as costly today as it was fifteen years ago. Its price in dollars is higher, but dollars are more easily come by nowadays—and in terms of a day's wages it takes just about half as long today to earn the price of a house call or a tonsillectomy as it did in 1939. In contrast, it takes three-fourths as much working time to earn the price of a food item or an article of furniture, and over four-fifths as much (as it did in 1939) to earn the price of a pair of shoes. It took the *same* amount of working time to earn the price of a day in the hospital in 1953 as it did in 1935 to 1939. Goods and services generally are about 60% as expensive, in terms of days of work required to earn their cost, as they were fifteen years ago.

These startling conclusions are highlighted in A.M.A. Bulletin No. 99, by Frank Dickinson and

James Raymond of the A.M.A. Bureau of Medical Economic Research, entitled The Economic Position of Medical Care, 1929-1953.

Despite the fact that medical fees haven't kept pace with the rises in prices of commodities, medical incomes have done pretty well—because doctors can take care of more patients per day nowadays, thanks to medical advances, than they used to be able to. From 1929 to 1949, when the incomes of all workers rose 109%, doctors' incomes rose 108%; and from 1949 to 1951, when all workers' incomes rose 15%, those of the doctors increased 13%—a lag of only about 1/7.

Hospitals and doctors have for many years split roughly half the medical care dollar between them —the remainder going for dental care, drugs and miscellaneous items. They still do; but the doctors' share of that half has dropped steadily, from 33¢ in 1929, and 32¢ in 1935-1939, to 28¢ in 1953. In the same period, the hospitals' share has risen from 14¢ to 26¢.

So—though doctors' fees are on the average 60% higher than they were fifteen years ago, they haven't kept pace with the Consumer Price Index, which has risen nearly 100% in that period. Doctors have, like the Red Queen in *Through the Looking Glass,* been running harder and harder in order to manage to stay in the same place, or at least almost the same place. We certainly have no cause for embarrassment when the high cost of living is being discussed!

State Medical Journal Conference

"Bleeding in the gutter"—even when discussed by doctors—doesn't refer to traumatic hemorrhage. It is one of many typographical technicalities that were discussed at the third two-yearly Conference of Editors and Business Managers of State Medical Journals, held last November at A.M.A. Headquarters in Chicago, under the auspices of the State Journal Advertising Bureau. It refers to nothing more gory than allowing an advertisement or a picture to run clear to the fold between two pages, with no white margin left.

The sole purpose of these Conferences is to help these doctor-editors (most of whom are doing the job on a part-time, volunteer basis) and their business managers learn how to put out better-looking, less expensive, more readable magazines. There is not vestige of basis for the allegation (once made to us privately by a prominent opponent of A.M.A. policies) that their purpose is to bulldoze or cozen state journal editors into supporting A.M.A. policies. There is no mention whatever of this side of the editorial business—and indeed, any such approach would unquestionably have the opposite effect to the one intended, for these men are individualists.

Travel and per diem costs of two representatives from each journal are paid by the A.M.A. and the S.J.A.B. The program was organized by Mr. Alfred Jackson, Director of the Bureau, and Dr. L. Fernald Foster, Chairman of the S.J.A.B.'s Advisory Committee. This year for the first time "workshops" in various aspects of the editing and publishing business were held, each conducted by a professional expert in the field. O. M. Forkert, a Chicago "graphic arts consultant," discussed format and makeup; Olive Seibert of the Bruce Publishing Company in St. Paul discussed editing; Ovid Bell, head of the Ovid Bell Press in Fulton, Missouri, discussed publishing costs; and Mr. Jackson of the Journal Bureau discussed advertising.

In addition to the workshops, informative talks were given by Dr. Robert Stormont on the A.M.A.'s new evaluation program; by Dr. Stanley Weld, Managing Editor of the Connecticut State Journal; by Dr. Joseph Garland of the New England Journal of Medicine; and many others. The two days were packed with helpful, constructive, and thought-provoking presentations.

The meeting was well attended, by 57 delegates (including Dr. Arnold, Jr. and Mrs. Bennett from the HAWAII MEDICAL JOURNAL) and 16 additional representatives from the 33 member journals, six from non-member journals, 26 A.M.A. representatives and guests, and 23 others. All of the presentations were transcribed by stenotypists, and the official Proceedings of the Conference will be sent to all the member journals of the Bureau.

These conferences are extremely helpful, and well worth the time and trouble taken to organize them. No part-time editors, and few full-time ones, can know so much about the publishing business that they couldn't profit by attendance at them. Our compliments, and our thanks, are herewith extended to Dr. Foster and Mr. Jackson for putting on a first-rate meeting.

This is What's New!

Two Canadians have discovered a new method of determining whether it is a **he or a she:** scraping the buccal mucosa with a tongue blade. The cells obtained are spread on a microscopic slide, the **chromosomes** examined under the microscope and the answer to this burning question obtained. This, of course, is a considerable improvement over the older method which depended upon a chromosome survey of skin biopsy. One hundred forty persons were examined, 81 males and 59 females. The diagnostic accuracy was 100 per cent. (*The Lancet* 2:57, 1955.)

The patient with **coronary heart disease** is only a slightly poorer **operative risk** than the patient without coronary heart disease, according to Etsten and Proger of the Pratt Diagnostic Clinic in Boston. They found a postoperative mortality of 2 per cent in over 4,000 without clinical evidence of heart disease as compared to a postoperative mortality of 2.9 per cent of 500 odd patients who did have evidence of coronary heart disease. This fact should be of considerable reassurance to the patient with known coronary heart disease who must undergo major surgery. (*J.A.M.A.* 159:845, 1955.)

The British, who are smoking a great deal of American tobacco these days, are continuing studies on environmental causes of **cancer of the lung.** After a two-year study of urban and rural areas, they have noted a sharp difference in ratio of lung cancer among the non-smokers in the urban as opposed to rural areas. At this point, they estimate that about half of the lung cancer in Liverpool arises from cigarette smoking, but that about three-fourths of the remaining half is due to some **urban factor X,** which is only slightly present in the rural area. The best way to escape lung cancer then is to live in the country and chew old twigs. (*Brit. Med. J.* 923, Oct. 15, 1955.)

Crawford and De Bakey of Texas are by-passing arteriosclerotic **clots in the femoral artery.** No attempt is made to remove the thrombosed artery, but an end-to-end anastomosis, with a long **homograft,** is made above and below the clot. This procedure re-establishes blood flow to the extremity, avoids injury to periarterial nerves, lymphatics and veins and according to these surgeons is the method of choice. (*S.G.&O.* 5:529, 1955.)

The changing pattern of chest surgery is reflected in the October issue of *The Journal of Thoracic Surgery.* A few years ago the great bulk of articles in this journal were concerned with surgery of the lung. In this issue, seven out of the eight original articles deal with surgery of the heart. The Montreal surgeons, Vineberg and Buller, report in the same issue 45 patients who have had their **mammary artery sutured to the coronary artery** as treatment for **coronary disease.** There were nine operative deaths, but seven patients died while waiting for the operation. Seventy-eight per cent of patients were not working prior to surgery, and 77 per cent returned to work after surgery. (*J. Thoracic Surg.* 30:411, 1955.)

Reserpine may act by **liberating serotonin,** according to workers at the National Heart Institute in Maryland. Their theory goes something like this: Serotonin, a substance found in various body tissues including the brain, intestines and platelets, is rapidly liberated from the brain after I.V. reserpine. This free form of serotonin, which persists long after reserpine disappears from the brain, is responsible for the sedative effect of reserpine. What serotonin does to the id and ego remains to be seen. (*Science* 122:968, 1955.)

Producing a "state of suspended animation" by **hypothermia** has made certain types of vascular surgery easier. A South African surgeon has cooled dogs down to temperatures normally used in hypothermic surgery and then has taken biopsies of various organs. Uniform histological changes were seen which closely resembled **"stress" lesions of liver, kidneys and adrenals.** The investigator reports that these changes may be due to tissue anoxia and "may readily become irreversible." (*The Lancet,* Oct. 22, 1955, 837.)

FRED I. GILBERT, JR., M.D.

Woman's Auxiliary

That Piano Project

The medical family roller skating party gave the "Piano Fund" such a healthy boost that the fund raising committee attempted another means of raising money.

Jacob Feuerring of New York, a well-known concert pianist and a world traveler, was featured in September in a "unique program of Tonal Travelogues; a varied musical program with emphasis on the philosophical and religious aspects of ancient cultures."

Assisting Mr. Feuerring on the program was Lorraine Wakinekona, soprano.

Of particular interest to all Honolulu County members present was the Steinway grand used in the concert . . . the gift of the Auxiliary to the Mabel Smyth lounge.

Visiting National Director

Mrs. Henry Garnjobst of Corvallis, Oregon, a national director of the Woman's Auxiliary to the American Medical Association, was honored at a swimming party and luncheon by the Honolulu Auxiliary at the Tantalus home of Mrs. Howard Liljestrand.

Mrs. Garnjobst, the first national officer to visit in Honolulu, spoke of the place of the Auxiliary in organized medicine, of "its purpose to create friendly relations among families of physicians, and to assist organized medicine in every way requested."

Fall Specials—October 4, 1955

It was a breakfast meeting for the Auxiliary in Honolulu at 9:15 with fresh Tantalus guava juice, scrambled eggs and pork sausages, and coffee cake.

At 10:15, Mrs. Herbert Powell, wife of General Powell of the 25th Division, who has studied the art of creating Japanese dish gardens during her stay in Japan, demonstrated her talent in this field.

Dish gardens of various sizes and combinations, of garden scenes, seascapes, summer arrangements, and special arrangements were created and displayed.

As the gardens were created, Mrs. Powell kept up a running commentary on the historical, traditional, and symbolic significance of objects and combinations used.

Report from Mrs. W. J. Holmes, President

The Woman's Auxiliary in Hawaii has been organized and functioning since June 1948. In this period it has accomplished a great deal, both locally and on the national level.

This was very evident to me during the meeting in June 1955 at Atlantic City, where I was Hawaii's delegate. It is true that the national Auxiliary has made great advances in programming and organizing . . . but I was especially proud to present Hawaii's report and to see that we compared very favorably with the other states.

Hawaii Medical Centennial

Once in a lifetime will you be privileged to participate in a centennial celebration such as is planned by your centennial committee for the week of April 22-29, 1956.

It is our aim to have every doctor and his wife taking part in our many activities. We need the help of the Auxiliary, for our plans include an unusual week of events for both visitors and kamaainas.

We need the women to help as chauffeurs, as receptionists, 35 hostesses and participants in the pageant of 100 years of medicine in Hawaii, and as members of various committees on arrangements and decorations. In plain words . . . we need YOUR help for a successful centennial celebration!

This was the appeal made by Dr. Nils P. Larsen, chairman of the centennial committee, when he appeared at the fall meeting of the Honolulu Auxiliary.

MRS. JOSEPH W. LAM



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Bureau of Medical Economics

Providing Medical Care For All—Regardless of Ability to Pay

The most damaging criticism against our American medical care system is the claim that a doctor's care is not always available to those citizens who are unable to pay for it. This complaint is a forceful argument in favor of a government medical care system. Oftentimes, the criticism is not justified, since physicians donate thousands of dollars worth of medical services each year. In many instances, there is no price tag on physician's care and other medical services for the medically indigent—but people are unaware that such services can be had free of charge.

I believe it is time that the doctors of Honolulu knew just what their Medical Society has done, and is doing, to insure that no person in Honolulu will go without medical care because of inability to pay.

When the Bureau of Medical Economics was set up two years ago, the members of the Public Service Committee stated that they wanted to be assured that no person would go without the necessities of life in paying for medical care; furthermore, they wanted to guarantee medical care for *all*, regardless of ability to pay. We realized, of course, that no Medical Society could actually "guarantee" to provide medical services to those who could not afford them; our guarantee must be limited to doctor's services only.

In the last 24 months we have announced publicly and privately that the doctors of Honolulu, through its Society-owned Bureau of Medical Economics, guaranteed the services of a doctor for all, regardless of ability to pay. When we have occasion to meet "do-gooders" who tell us that there are dozens of people in our city going without medical care, we ask them to give us the name and address of just one such person, and it usually ends right there.

Our first big opportunity came, when a local morning radio program made certain remarks about the unavailability of medical care to those who are unable to pay. A representative from the Bureau appeared on the program the following morning, and outlined to the listening audience how they could obtain medical care regardless of their ability to pay. We further challenged anyone to name a person now going without medical care because of inability to pay. The Bureau office that morning received three calls as a direct result of the radio broadcast. Not one call was a request for medical service but merely calls asking for information. As a matter of fact the disc jockey himself, who had stated that he could name such a person, was unable to do so.

The collection department of the Bureau of Medical Economics, in its first collection letter to a delinquent patient, outlines the Bureau's policies. A good example of the Bureau's policies can be found in a paragraph taken from this first letter, quoted below:

> **The Bureau of Medical Economics, Ltd. is operated by doctors to assure themselves no patient or his family will suffer undue hardships in paying for medical care. If you feel that yours is a definite financial hardship, please feel free to discuss the matter with our service consultant.**

Many people accept this invitation. A typical example came through our office yesterday. We had two accounts on Mr. X, one for $156.00 and the other for $20.00. Mr. X came in to see us. He was 66 years old. His only income came from his Social Security, which amounted to $63.00 per month. Because of his eyes, he was unable to continue working as an accountant. He would not go to see a doctor because he knew he could not pay the bill. After checking his story, we received permission from the two doctors to cancel their accounts. We then made arrangements with an eye doctor for Mr. X to receive the medical attention he needed. (We hope that he will soon be able to return to his work). A copy of the letter sent to Mr. X informing him of the cancellation of both his accounts is as follows:

> Dear Mr. X:
>
> In view of your circumstances, and in order not to put any further burden on you or your family, Drs. W. H. Higa and W. W. Jones have asked me to inform you that you may consider their bills for $156.00 and $20.00 paid in full.
>
> Our Honolulu doctors give thousands of hours of their time annually so that people in your circumstances will not have to go without the necessities of life in order to pay for medical care. Very seldom do they ever hear a word of thanks for this. I would like to suggest that you call these two doctors or visit them personally and thank them for this small favor that they have done for you and your family.
>
> If at any time you have need of medical care, regardless of your ability to pay, we will be glad to help you. It is not an idle statement when we say "Medical care for all." The doctors of Honolulu guarantee this through the Bureau of Medical Economics.

There are a few who complain that the Bureau of Medical Economics is not forceful enough when it comes to pressing down on delinquent accounts. The majority, however, agree that the Bureau's procedures have brought about a tremendous improvement in the doctor-patient relationships in the county.

In order to insure the continuance of this program within your medical society, may I take this opportunity to urge those doctors who are not using the services of the Bureau to do so when the need of a professional collector arises. Remember that to refer accounts to a commercial collector deprives the Bureau not only of a record of those bad accounts, but far more important, of the opportunity to handle these accounts on a professional level. One account mishandled by a commercial collector does more damage to the medical profession than we could mend by handling 100 accounts correctly.

What's the future of this program? The Public Service Committee will be coming up with some concrete ideas on improvements, and also publicity on the whole program. In the meantime don't be afraid to talk out loud on the subject.

R. M. KENNEDY
Executive Secretary

Perhaps It's Your Nerves

The Physician and Commitment Procedures

There is general fear and avoidance of participating in commitment of a patient to a mental hospital. This uneasiness is shared by almost everyone, including the patient's doctor or the examining doctor. This is true in spite of history and evidence that the patient needs care in a psychiatric institution.

According to the laws of Hawaii, the physician (or physicians) is only required to certify that *in his opinion* and *to the best of his knowledge and belief* the person is "mentally ill and a proper subject for custody and treatment in some institution for mental illness."

From there on, it is up to the district magistrate or the circuit court judge to evaluate the petition and certificate. It is the *judge* who makes the decision and takes responsibility for ordering the hospitalization of the patient.

Thus, the physician need not fear having to make a definitive diagnosis of psychosis or "insanity." Nor does he need to fear being responsible for the patient's involuntary admission to a hospital. This is a responsibility of the judge or magistrate who makes the order.

"Mentally ill individual" is defined as "an individual having a psychiatric or other disease which substantially impairs his mental health." This obviously broad definition includes persons who are not frankly psychotic.

The findings of the court rest on two points: (1) Existence of mental disease, (2) Need of custody, care and treatment in a psychiatric hospital and a lack of sufficient insight or capacity to make responsible decisions with respect to his hospitalization (and/or a potential danger because of his illness of injuring himself or others if allowed to remain at liberty).

It is hoped that these fragmentary comments may clarify some of the matters which cause physicians to hesitate in carrying out their opinions and duties in regard to some of their mentally maladjusted patients. If so desired, a more complete coverage of this topic can be presented in a subsequent publication.

ROBERT A. KIMMICH, M.D.
Medical Director
Territorial Hospital

Book Reviews

A Short History of Medicine.

By Erwin A. Ackerknecht, M.D., 258 pp., Price $4.50, Ronald Press Company, 1955.

This is a comprehensive and readable history of medicine, written by an authority. Dr. Ackerknecht, Professor of History of Medicine at the University of Wisconsin Medical School, is widely known for his writings on medical history and primitive medicine.

It should be emphasized that this book was not intended to be either a reference work or a scholarly thesis. The author's principal aim was to portray clearly and concisely the origins and developments of medical art and science through the ages for those individuals, medical or otherwise, who want to learn something of the background of modern medicine. He has succeeded admirably in a difficult undertaking.

The last few chapters devoted to the past 150 years are particularly well done and should be of special interest to doctors. Herein he traces skillfully the evolution of present day or "laboratory" medicine from the "library" medicine of the late 18th Century and shows the cumulative influences of the great medical centers and teachers of 19th Century Europe.

That the significance of modern medicine and its trends cannot be comprehended fully without knowing something of the historical background is demonstrated clearly in this book. Some of the author's reflections will sober any doctor who complacently assumes that our day in medicine is free from all of the follies of the past.

A valuable bibliography of the medical classics is appended. As the author says, "These original classics—reflecting the essence of history—often make more interesting and provocative reading than even good books about the classics."

H. H. Walker, M.D.

Salivary Gland Tumors.

By Donald E. Ross, M.D., 86 pp., illustrated, Price $7.50, Charles C. Thomas, 1955.

The author of this monograph could have made a much stronger presentation of this confusing and difficult subject if he had organized his material better and confined his remarks to his own original ideas. The reviewer gets the impression that the various chapters were probably isolated lecture presentations at one time, and the whole suffers from a lack of continuity and logical order between them.

Nevertheless, this work contains numerous well-made illustrations of the normal anatomy of the parotid gland, the facial nerves and adjacent structures. The pathology of parotid tumor is thoroughly discussed and portrayed with photomicrographs, though unfortunately these are all in black and white. The chapter on Surgical Technic makes several good points, but, again, is rather loosely written.

In summary, this monograph contains numerous substantiated facts but suffers from a lack of literary polish.

G. C. Freeman, M.D.

Rehabilitation of a Child's Eye.

By Richard G. Scobee, M.D., revised by Herbert M. Katzin, M.D., second edition, 133 pp., Price $2.85, C. V. Mosby Company, 1955.

The second edition of this excellent book has been revised by Dr. Herbert M. Katzin. Few changes have been made from the original by Dr. Richard G. Scobee, whose premature death in 1952 was a shock to the profession. The book is especially adapted for use by the parents of the cross-eyed child, and is a most satisfactory means of informing the parents of all phases of the handling of strabismus cases. Frequently the parents cannot fully understand the implications in the treatment of the cross-eyed child at a single visit to the physician's office. This book will answer many of the questions and make the parents more fully aware of the procedures necessary in the correction of the eye defect. The book is by no means a reference text but fills a most important gap in the relationship between parent and physician in the management of the child. Several copies should be available in the office to be distributed by the physician to the inquiring parents.

Harold F. Moffat, M.D.

Modern Medical Monographs—Polycythemia.

By John H. Lawrence, M.D., 136 pp., Price $5.50, Grune & Stratton, Inc., 1955.

This familiar but poorly understood disease is finally presented in a short monograph which should be of great interest to all physicians, regardless of specialty. The author divides polycythemia into three major groups, according to etiology, physiological mechanisms and clinical features, and presents numerous interesting clinical and experimental observations in support of such differentiation. The material is interestingly presented, the illustrations appropriate and the bibliography complete. This volume should clarify many of the misconceptions about polycythemia and should be read by all clinicians.

T. F. Fujiwara, M.D.

Atlas of Tumor Pathology.

Tumors of the Stomach and Tumors of the Soft Tissues by A. P. Stout, M.D.; Tumors of the Retroperitoneum, Mesentery and Peritoneum by L. V. Ackerman, M.D.; Tumors of the Major Salivary Glands by F. W. Foote, Jr., M.D., and E. L. Frazell, M.D., Armed Forces Institute of Pathology, 1955.

The aim and plan set out for this group of fascicles includes: (1) restriction of the text to current information, omitting historical accounts and case reports; (2) confinement to primary and secondary tumors of different organs, and (3) selection of authors who have special interest in tumors of the particular organ or region involved. Furthermore the plan evolved the following formula: the tumor was to be dealt with from standpoint of designation, definition, natural history, morphology, and differential criteria with a practical selected

bibliography. In reviewing these fascicles the above factors have been kept in mind.

Tumors of the Major Salivary Glands is written by Frazell and Foote of Memorial Hospital and they bring with them a vast experience in such lesions, and of course, they capably cover the field. The only defect, not of the authors' making, is in evaluation of the lesions: it is impossible to correlate results with those of other large clinics because of poorly defined differences in terminology.

Tumors of the Stomach are discussed by Arthur Purdy Stout and as usual he presents his clear and concise descriptions. He follows the original plan quite well and presents his widely used classification. Again differences in terminology of various clinics and individuals make for some confusion, but in general this is an area where such differences are not as extreme as in the salivary gland lesions.

Tumors of the Retroperitoneum, Mesentery and Peritoneum, by Lauren V. Ackerman, also follows the pattern set by the originators of the fascicle idea. Some of his descriptions are cursory and some of his statements are not accepted by some workers in the field, but the former is due to the vast amount of material and the rarity of some lesions. The second criticism is perhaps answered by the fact that these atlases contain perforations for binding. As our knowledge grows, the chasm between various ideas will narrow and many of our now firmly held concepts may be altered. There is no doubt, however, that this is a valuable atlas for tumors of the retroperitoneum, mesentery, peritoneum, and omentum.

Tumors of Soft Tissue is the work of Arthur Purdy Stout, long considered one of the outstanding authorities in this field. Again this follows the aims, but differences of terminology and concept still must be recognized. Despite this Dr. Stout's classification and descriptions are as usual well presented.

All the volumes have paper covers and the pages are stapled together. Nevertheless there are perforations for filing in a binder. In each of the fascicles the illustrations are well selected from large sources of material, the pictures are clear, and the explanatory notes are concise and to the point.

W. Harold Civin, M.D.

Histamine—Its Role in Anaphylaxis and Allergy.

By M. Rocha e Silva, M.D., 248 pp., illustrated, Price $7.50, Charles C. Thomas, 1955.

The story of histamine is fully covered in this book. Its synthesis, outcome after synthesis, chemistry, physiologic properties, and its relationship to anaphylaxis and allergy are discussed in detail. The author's theory of histamine release as effected by various factors is reviewed. Incidental to antigen-antibody reactions other substances are also shown to be liberated with histamine. Histaminase, the histamine destroying enzyme, and the antihistaminic drugs have their own chapters.

Clarence Y. Sugihara, M.D.

(*Continued on page 264*)

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HMSA—Its Place in the Community

Prepayment Medical Plans

RODNEY T. WEST, M.D.

During my recent attendance at the Western Regional Conference of Prepaid Medical Service Plans and the Association of American Clinics I was made to realize that "Prepayment Medical Plans" is the most discussed subject in medical circles today. I was amazed at the many facets of the subject, and the interest displayed not only by the leaders in the medical profession, but also by the insurance carriers, labor consultants and management. Today, the physician finds himself a real part of prepayment and he cannot turn his back on it. To amplify this point, I would like to quote Dr. Robert L. Novy, President of the Michigan Medical Service, the second largest Blue Shield Plan in the country, who recently wrote:

> Prepayment is no longer something for the doctors to sponsor or not to sponsor. It is here. It is already a multimillion dollar business growing at a phenomenal rate even for an American phenomenon with billions in reserve. Employers, Labor Unions, trade associations, farm organizations are raising and putting aside more and more hundreds of millions of dollars each year to provide coverage for increasing millions of people without so much as consulting the doctors. Independent plans, largely sponsored by labor unions that represent the extreme left wing of opposition to organized medicine, already provide surgical and medical coverage for more than 5 million people.
>
> This is prepayment 1955. It is time that we doctors abandon the attitudes of the 1930's and 1940's. It is imperative that the medical profession step in vigorously in today's prepayment developments to make its influence felt. This we will be unable to do until we bury once and for all the antiquated concept of Blue Shield as a necessary evil. Organized medicine in the United States has a fundamental instrument in Blue Shield for maintaining the balance of control in the surgical, medical prepayment field, for influencing the competitive quality and scope of all the coverages and for providing the people with an honest objective and a professionally realistic standard of coverage. To me, as a practicing physician, Blue Shield is essentially the instrument through which I can hope to establish a realistic and professionally responsive standard in medical coverage and make them felt competitively.

Along the same vein, the Chairman of the Board, Dr. Louis H. Bauer, of United Medical Service in New York City, the largest Blue Shield Plan in the country, drew up a Resolution on prepayment which is now commonly quoted as "the Bauer Resolution." A few of the important sections of this Resolution are quoted below:

> WHEREAS, The Medical profession must decide what it wants to do to meet the needs and demands of the public if it wants the free practice of medicine to continue, and
>
> WHEREAS, The profession can best meet those needs and demands through their own organization of Blue Shield, which must be the Doctor's Plan in fact as well as in name, and
>
> WHEREAS, To keep the practice of medicine based on the principle of free choice of doctor and on a high level of personal doctor-patient relationship requires some sacrifices by the medical profession in order to meet competition from closed panel plans, commercial insurance plans, and to fulfill the demands of the public, and
>
> WHEREAS, Wherever the medical profession has kept faith with the public and observed the principles on which Blue Shield was founded, other types of plans are less likely to succeed. . . .

Expressions of such leaders in the field of Prepayment as Dr. Novy and Dr. Bauer make it difficult for physicians to say "I am not interested" or "this does not concern me" because increased public demand for prepayment of medical services compels a physician to consider insurance forms and medical plan claims as a part of his practice.

I was pleased to note that, where there is still much indifference and reluctance to experiment in most of the Mainland medical societies, here in Hawaii the attitude of complacency has long been abandoned by the medical profession, and we can be proud of the fact that we have in our HMSA the most progressive prepayment plan in the USA. HMSA is now subscribed to by over 100,000 residents, representing over 20% of the population. HMSA has been sponsored by the medical profession since its inception. All major policy changes of the Plan have received the approval of the various Medical Societies, and all benefit changes relative to physicians' services have been approved by the physician members of the Board of Directors before they became effective. HMSA has coordinated its activities very closely with the physician and has broadened its benefits in order to meet the ever changing public-doctor demands for medical coverage. Everyone I talked to was astounded by our pioneering in the field of doctor-sponsored medical plans by the development of the Community Group Medical Plan by the Territorial medical profession. This plan has certainly occasioned national interest and sur-

(*Continued on page 266*)

Territorial Association Reports

Delegate's Report

Social Security, the report of the Committee on Medical Practice, guides for establishing grievance committees and the possibility of increased AMA dues were among the major subjects of action by the House of Delegates at the AMA's Ninth Clinical Meeting held November 29–December 2 in Boston. Total registration was more than 7,000, of whom over half were physicians.

The movement of the Social Security program into medicine was more sharply focused by the recent passage of HR 7225 through the House of Representatives. A detailed explanation of this bill has been mailed to every AMA member from headquarters and I urge you all to read it when it comes to you. The AMA's action is detailed in an editorial in this issue.

The report of the Committee on Medical Practices (Truman Committee), which studied the basic causes leading to certain unethical practices and unfavorable publicity, was reviewed by the House and it was decided to establish a continuing committee on this study with an outlined series of objectives, designed to dignify the general practitioner in hospitals and medical schools, to improve relationships between the generalists and specialists, working through their respective boards, and to improve the public educational program of the AMA on this matter.

A copy of guides for establishment of grievance committees was released to all component societies.

The American Medical Education Foundation's need for greater and more consistent financial support was recognized by the House which supported the recommendation of its reference committee on Medical Education and Hospitals. This recommendation urged the Board of Trustees to consider raising the annual AMA dues, mainly to bolster this effort.

Perhaps the pleasantest and most enjoyable part of the AMA program was that furnished by the Hawaii Medical Association. In publicizing our coming Centennial meeting we were able to furnish Hawaiian girls and musicians who provided a highly colorful and entertaining sidelight to the business and scientific sessions. This troupe of girls and musicians with all their necessary flowers and equipment were flown to Boston through the cooperative efforts of the Hawaii Visitors Bureau, the Trade Wind Tours, Matson and Kelley hotels, and Pan American, United, Canadian Pacific, Northwest, Hawaiian and TPA Aloha Airlines. Under Mrs. Bennett's excellent supervision, a colorful booth was set up in the exhibition hall, and vandas by the thousands were distributed with invitations and brochure information on our coming Centennial.

The interest generated was tremendous. The local and AP press as well as the AMA gave it wide coverage. This group of entertainers went out of their way to please everybody in Boston, and the response was very complimentary not only to our Association but to all of Hawaii. Their surprise appearance at the official dinner of the House, in the famous Harvard Club, was the entertainment highlight of that evening.

No doubt this had something to do with the gracious acceptance by the House the following day of the committee report which your Delegate was honored to present as its chairman. Among the many items assigned to this committee was a surprise resolution, introduced by the Michigan delegation elucidating the many virtues of Hawaii, and requesting the alphabetical listing of Hawaii, and incidentally Alaska, in all future AMA publications. Trivial as this may seem, the presentation of the resolution was so skillfully done that it accomplished one thing and by innuendo made a wonderful plug for statehood. It seemed more than coincidence that it should be assigned to my committee as the last item on its agenda, and it was a most fitting close to the report of the committee whose chairman was serving his last term in the House. Needless to say, this resolution was unanimously adopted in a manner which left no doubt that we have many friends among the AMA leadership.

Your delegate wishes, since this is his last report, to acknowledge the honor of having served this Association as its delegate and the pride which he has felt in representing it. In this capacity he has tried to maintain the foundation of respect and friendship this Association enjoys, mainly due to the work of his predecessors, Drs. F. J. Pinkerton and A. S. Hartwell. He also acknowledges the help of a large number of colleagues, too many to enumerate, who, in his absence at these meetings, gave of their time in the interim care of his patients. As a solo practitioner, only in this manner could he have enjoyed the honor of serving as its alternate delegate and delegate for the past five years.

HOMER M. IZUMI, M.D.
Delegate to A.M.A.

County Society Reports

Kauai

The regular meeting of the Kauai County Medical Society was called to order by Webster Boyden, M.D., at 7:30 p.m. on October 4, 1955 in the Wilcox Memorial Hospital library. Members present: Drs. Boyden, Brennecke, Cockett, Fujii, Goodhue, Ishii, Kim, Kuhns, Masunaga, Wade, and Wallis. Guests: Drs. Schilling, Bowles, and Mrs. Howe.

A letter was read from the Hawaii Heart Association giving the Society their plan regarding a study of the entire 4th grade student body of Kauai to determine the increase of rheumatic fever and congenital heart disease in the group. Dr. Peter Kim simplified this letter with a brief discussion of the project.

Mrs. Louise Howe and Dr. Bowles discussed the many aspects of the prenatal death problems in conjunction with the pregnancy study being conducted on Kauai, and their plan for the future indicated the study with the pregnant women will be concluded sometime during the spring months of 1957. A study known as the follow-up of children born to the mothers of the Kauai pregnancy study was proposed by Mrs. Howe and agreed to in principle by the members of the Society.

BURT O. WADE, M.D.
Secretary

* * *

The regular monthly meeting of Kauai County Medical Society was called to order Wednesday, November 2, 1955, at 7:30 p.m. in the G. N. Wilcox Memorial Hospital library, by President Webster Boyden, M.D. Members present were: Drs. W. Boyden, M. Brennecke, P. Cockett, K. Fujii, C. Ishii, K. Kuhlman, E. Masunaga, and S. Wallis.

It was moved by Dr. M. Brennecke, seconded by Dr. K. Fujii, that the County Society go on record as approving the tuberculin skin test program for Kauai high schools. This was passed unanimously.

Dr. S. Wallis moved, seconded by Dr. P. Cockett, that the application for membership into the County Medical Society of Stanley Schilling, M.D., be accepted. This was passed unanimously.

Dr. K. Kuhlman moved, seconded by Dr. S. Wallis, that the County Society go on record that the administration of the Salk Vaccine to children and expectant mothers will be at the discretion of the individual doctors of the Society.

KEITH F. KUHLMAN, M.D.
Secretary Pro Tem

* * *

The regular monthly meeting of the Kauai County Medical Society was called to order on Wednesday, December 6, 1955, at 7:30 p.m. in the G. N. Wilcox Memorial Hospital library by President Webster Boyden, M.D. Members present were: Drs. Boyden, Cockett, Fujii, Goodhue, Ishii, Kim, Kuhlman, Kuhns, Masunaga, Wade, Wallis, and Schilling.

It was moved, seconded and passed that $3.00 would be the standard fee per shot for the Salk vaccine administration.

Alice Summers gave a brief discussion regarding a survey being made in reference to the need for a residential psychiatric treatment center for children.

Dr. Quisenberry presented to the members of the Society a movie on the results of certain drugs in the treatment of malignancies and reported on highlights gleaned from meetings, attended on his recent trip to the mainland.

BURT O. WADE, M.D.
Secretary

Honolulu

The regular monthly meeting of the Honolulu County Medical Society was held Tuesday, November 1, 1955 at 7:30 P. M. in the Mabel Smyth Auditorium. Dr. R. C. Durant presided and approximately 75 members and guests were present.

A most informative panel discussion on "First Infection Tuberculosis" was held with Dr. H. H. Walker serving as moderator. Participants were Drs. Duke Cho Choy, S. E. Doolittle, Paul Gebauer, Homer Izumi, R. H. Marks and K. Momeyer. Panel members discussed modern concepts of tuberculous infections and the role of the private physician in its detection and management. The audience participated freely with questions.

Following the panel discussion a short business meeting was held. The minutes of the previous meeting were read and approved. Dr. William H. Gulledge, a new member, was welcomed into the Society.

Proposed changes in the Constitution and By-laws changing the Vice President to a President-elect, which were referred back to committee at the September 6 membership meeting, were presented by the president. These changes, which would become effective immediately upon approval by the membership, were unanimously accepted.

A resolution for a contribution of $25.00 to the Henry Pratt Judd Memorial Scholarship Fund in memory of Reverend Henry Pratt Judd was read. This contribution is being made in recognition of the services rendered by Reverend Judd to the Medical Practice Committee.

There being no further business the meeting adjourned to the lanai for refreshments.

* * *

A joint annual meeting of the Honolulu County Medical Society and the Honolulu County Medical Library was held on Tuesday, December 6, 1955 at 7:30 P. M. in the Mabel Smyth Auditorium. Dr. R. C. Durant presided and 104 members were present.

The business meeting commenced with the approval of the minutes of the previous meeting.

Drs. Jack C. Fitzpatrick, Allan Leong, Robert F. Ruff and Luke M. Tajima were welcomed into the Society. Dr. R. O. Brown, who was recommended for life membership by the Board of Governors, received the unanimous approval of the membership. A resolution in memory of Dr. Robert C. H. Lee was read and passed by a unanimous standing vote.

The Honolulu County Medical Society notes with deep regret the passing of Dr. Robert C. H. Lee on October 28, 1955. Dr. Lee was a member of the Society for seventeen years, and active in community affairs, including his service as high school team physician. His death leaves his colleagues, friends and survivors with a deep sense of bereavement.

Be it therefore resolved that this Society stand in memory of Dr. Robert C. H. Lee, that a record of this resolution be spread upon the permanent minutes of the Society, and that a sincere and appropriate expression of sympathy be sent to Mrs. Lee.

In the absence of Dr. Laurence Wiig, Dr. Edwin Chung-Hoon read the report of the Nominating Committee, following which the election of officers and elective committees was held. Adequate time was given for additional nominations and voting was done by written ballot. The results of the election were as follows:

Dr. T. Nishigaya, *President-Elect*
Dr. R. T. West, *Secretary*
Dr. Thomas Richert, *Treasurer*
Board of Governors:
Dr. Philip S. Arthur
Dr. R. G. Johnston
Dr. Dean M. Walker
Alternate Board of Governors:
Dr. James Marnie
Dr. Walter Quisenberry
Dr. Theodore Tomita
Board of Censors:
Dr. J. W. Devereux
Representatives to HMSA:
Dr. Andrew Morgan
Dr. F. D. Nance
Fee Adjustment Committee:
Dr. Douglas Murray
Dr. V. C. Waite
Medical Practice Committee:
Dr. Fred I. Gilbert, Jr.
Dr. Dean M. Walker
Delegates to HMA:
Dr. Robert Bailey
Dr. Grover Batten
Dr. Herbert Chinn
Dr. W. J. Holmes
Dr. Andrew Morgan
Dr. William H. Stevens
Dr. James T. Wong
Alternate Delegates to HMA:
Dr. Thomas Bennett
Dr. M. Hasegawa
Dr. Elmer Johnson
Dr. M. H. Mack
Dr. George Mills
Dr. Randal Nishijima
Dr. K. S. Tom
Library Board of Governors:
Dr. Richard E. Ando
Dr. Grover H. Batten
Dr. Paul Gebauer
Dr. Chew Mung Lum

The annual committee reports were presented as follows:

Report of the Vice President—Dr. J. M. Felix
Report of the Secretary—Dr. Toru Nishigaya
Report of the Treasurer—Dr. Rodney T. West
Board of Censors—Dr. C. E. Fronk
Diabetes Detection Committee—Dr. T. Togasaki
Emergency Medical Service Committee—Dr. Robert Faus
Advisory Committee to the Woman's Auxiliary—Dr. R. C. Durant
Bureau of Medical Economics—Mr. R. M. Kennedy
Constitution and By-Laws Committee—Dr. Richard K. Chun
Fee Adjustment Committee—Dr. Dean M. Walker
HMSA Medical Committee—Dr. Rodney T. West
Legislative Committee—Dr. Theodore Tomita
Library Board of Governors—Dr. W. H. Civin
Medical Practice Committee—Dr. J. M. Felix
Parliamentary Committee—Dr. J. W. Devereux
Postgraduate Committee—Dr. Richard D. Moore
Program Committee—Dr. William J. Holmes
Public Service Committee—Dr. E. B. Harris
Resolutions Committee—Dr. William H. Stevens
Woman's Auxiliary to the Honolulu County Medical Society—Mrs. Betty Liljestrand

The committee reports were culminated by a motion, seconded and passed, that the Secretary write a letter of appreciation to the Woman's Auxiliary for services rendered this past year.

Dr. Homer Izumi was called upon to report on his recent trip (as Territorial Delegate) to the interim session of the AMA held in Boston, November 29 to December 2. At the close of his summary, Dr. Izumi was given a unanimous vote of thanks by the Society as the Territorial Delegate to the AMA this past two years.

The meeting concluded with the presidential address presented by Dr. R. C. Durant.

Dr. John Felix, President-Elect, then took office and inasmuch as there was no further business, the meeting was adjourned to the lanai for refreshments.

T. NISHIGAYA, M.D.
Secretary

Maui

After cocktails in the Central Maui Memorial Hospital Nurses' residence and dinner in the dining room, the meeting was called to order by President Rockett at 8:15 P. M. on October 18, 1955 in the hospital library.

Members present besides the President were Doctors Totherow, Patterson, Ohata, Underwood, Tompkins, Ferkany, Wong, H. Kushi, Kanda, McArthur, Burden, Sanders, Cole, Haywood (the preceding 15 members had dinner) St. Sure, Tofukuji, Shimokawa and Fleming, the secretary. Doctors Moran and Iaconetti were guests.

It was moved and seconded that the President instruct the secretary to send separate notice-of-meeting cards to each individual member: passed unanimously. The reason for this motion was that internal inter-doctor communications among the Puunene doctors are so deteriorated that the austerity program of one notice post-card among the six doctors was not adequate to notify them. It seemed that many did not know that there was a meeting until the respective wives announced that they were going to the Auxiliary party which is always held at the time of the regular meeting.

Dr. Ferkany reported on the present status of Dr. Boyd and the Hana Hospital position which he is holding temporarily. He asked for some action and recommendations on the part of the Maui County Medical Society. Dr. Tompkins asked if Dr. Boyd's present appointment were only "temporary." Dr. Ferkany said, "yes." Dr. Totherow asked if the Medical Society had gone on record as being for or against the appointment. He was referred to the minutes of the July 7, 1955 meeting. After much discussion it was moved that "the Maui County Medical Society recommend to the Board of Trustees that Dr. Boyd be appointed to the Hana post." The motion died for want of a second. It was moved and seconded that "the secretary be instructed to notify the Board of Trustees via Dr. Ferkany of the action taken by the Medical Society. Also to reiterate the action taken July 7, 1955." Passed 11 to 1.

Dr. Underwood reported that the Maui representative of Hawaii Medical Service Association had asked that HMSA comprehensive plan participants be billed only

$2.00 for polio shots. It was moved and seconded "that patients under the HMSA comprehensive plan would be administered immunization shots at $2.00 cash or $3.00 if billed. Passed 7-3.

Dr. Wong, the Maui County Medical Society representative to the HMSA Board, made a brief report of the HMSA plan on Maui.

A letter from the Medical Society of the County of New York was read certifying that Dr. Clifford F. Moran was an associate member in good standing with dues paid for 1955. It was moved and seconded and passed that Dr. Moran be accepted into the Maui County Medical Society.

It was moved by Dr. Fleming and seconded by Dr. Patterson "that the Maui County Medical Society not purchase any more liquor." The dregs lost by a vote of 6 to 7.

Dr. McArthur said that Dr. Eckman was planning a visit to Maui about November 20th. Dr. McArthur was asked to arrange a Sunday morning meeting for that time to hear Dr. Eckman give a talk on alcoholism.

Dr. Burden reported that each Maui County Medical Society member was invited as a paying guest to the Plantation Physicians' meeting to be held on Maui in November.

* * *

A special breakfast meeting was called by Dr. Rockett, the President, on November 20. After breakfast in the Central Maui Memorial Hospital dining room the guest speaker, Mr. Lloyd F. Eckmann, gave a talk on the treatment of alcoholism in the 17 bed Woodside Acres Hospital.

The following members were present for breakfast: Drs. Kanda, Burden, Patterson, Underwood, Ohata, Kashiwa, Wong, Haywood, Totherow, McArthur, and Fleming. Two members, Drs. Izumi and Harold Kushi, were present for the talk but not for breakfast.

Dr. McArthur introduced his friend, Mr. Eckmann, who explained how alcoholics were treated at Woodside Acres Hospital, of which he is the Director. Mr. Eckmann claimed a somewhat better than 60% "cure" rate among patients treated although he stated further that only selected patients were treated. Here he went on to say that the disease of the alcoholic is physiological and so treated. Also follow-up treatments were used over a period of four to six times during a year.

* * *

Following cocktails and dinner at Central Maui Memorial Hospital a special meeting was called to order by President Rockett on November 29 in the Central Maui Memorial Hospital library at 8:10 p.m.

Members to dinner were: Drs. Otsuka, Tompkins, Underwood, Ferkany, McArthur, Kashiwa, Sanders, Totherow, Tong, Patterson, Rockett, Shimokawa, Cole, Wong, Kanda, and Burden. Dr. Moran was a guest, and special guests were Messrs. Yagi, Yamasaki, Yoshinaga, and Fujisaka, representing the ILWU.

At the meeting in the library were, besides the abovementioned people, Messrs. Craft, Naito, and Toda, representing the druggists of Maui, and Drs. Izumi, St. Sure, and Fleming, who did not attend the dinner.

The meeting swung quickly into high gear with the introduction of guests. Mr. Yoshinaga of Bouslog & Symonds stated that the ILWU proposed contract, as previously circulated to each of the doctors by registered letter, was entirely legal. Tom Yagi, the head of the Maui unit of the ILWU, explained that the ILWU had a Membership Service Department which would be described by Mr. Fujisaka. Mr. Fujisaka stated that Mr. Jack Hall regretted that he was not able to be with us.

Mr. Fujisaka went on to explain that both Dr. Larsen and Dr. Fronk had felt that there was nothing illegal or unethical about the union's plan of having doctors dispense all drugs (except prenatal vitamins) to union members, for which accurate records would be kept, and the union would reimburse the doctors for the costs of the drugs plus 10% for handling.

Much discussion ensued, during which the doctors brought out the fact that the 10% over cost could not cover the cost of overhead. Some pointed out that there was a 2½% Territorial gross income tax which left only 7½% to take care of postage or freight rates and clerical costs.

The druggists were called upon to voice their views. Mr. Craft explained that the druggists could not legally charge one price to one customer and different price to another. He said that the breakeven point in handling drugs was cost plus 28%.

Mr. Naito explained that if the present mark-up were not maintained the economic structure of the drug business would be jeopardized. He stated flatly that the drugs could not be handled on a 10% mark-up.

Mr. Toda agreed with the other two druggists that drugs could not be supplied for 10% above cost.

The ILWU representatives suggested that if the doctors did not agree to their plan they might go to the druggists with a similar cost plus deal for drugs.

During the course of the evening, the ILWU representatives distributed several various schedules of costs and cards which would have to be kept up-to-date. They even suggested that they (the ILWU) might go over the records of the doctors—just to keep them straight. The ILWU representatives claimed that Dr. Butler on Molokai had proven to their satisfaction that their plan was workable. Some of the doctors present wondered if Dr. Butler was not taking a loss on his drugs and making up for it on the volume of union members steered his way by the offer of "cheap" drugs.

All in all the Medical Society members were not convinced that the union members were being as generous as they thought themselves to be.

The ILWU members left in a spirit of good fellowship; however, several of the doctors voiced their opinion that the ILWU was just trying to "push the doctors" and would soon be dictating more to them in their practice of medicine than merely the prices of drugs.

Dr. Kashiwa moved and Dr. Burden seconded "that the Maui County Medical Society go on record disapproving any members of the Society signing the ILWU Drug Agreement prior to further discussion and receipt of legal opinion and approval of the Society as a whole."

The motion was unanimously passed (one member abstained from voting).

James F. Fleming, M.D.
Secretary

Hawaii

The Hawaii County Medical Society met on September 29, 1955 at the Lanai Restaurant. Members present were: Drs. Bergin, Chang, Crawford, Griggs, Jenkin, Kutsunai, Leslie, Matayoshi, Mitchel, Miyamoto, Mizuire, Ota, Oto, Paynter, Schmidt, Stemmermann, Steuermann, Woo, Yamanoha, Yuen, Rutherford, and Helms.

(*Continued on page 282*)

The Honolulu County Medical Library

Mrs. Ethel Hill, *Librarian*
Mrs. Mary Jo Murray, *Library Assistant*
Phone 6-5370
8:00 a.m.-4:30 p.m., and 7:30 p.m.-9:30 p.m.
Monday through Friday
Closed Saturdays at noon and Sundays
Closed all day and evening on National holidays
and at noon on Territorial holidays

Recent Acquisitions

Anesthesia

e Silva, M. R. *Histamine: its role in anaphylaxis and allergy.* c1955. (gift of publisher)
Vaughan, W. T. *Practice of allergy.* 3rd ed. c1954.

Anatomy and Physiology

Fulton, J. F. *Muscular contraction.* c1926. (gift of Dr. Stewart)
Jones, Laurence. *The postural complex.* c1955. (gift of publisher)
Streeter, G. L. *Developmental horizons in human embryos—age groups XI to XXIII.* 1951. (gift of Dr. Stewart)

Cancer

Greenstein, J. P., ed. *Advances in cancer research.* v.3. c1955.
Greenstein, J. P. *Biochemistry of cancer.* 2nd ed. rev. & enl. c1954.
Lewison, E. F. *Breast cancer.* c1955.
Ross, D. E. *Salivary gland tumors.* c1955. (gift of publisher)

Cardiology

Lam, C. R., ed. *Henry Ford Hospital international symposium on cardio-vascular surgery.* c1955. (gift of publisher)
Lawrence, J. H. *Polycythemia.* c1955. (gift of publisher)
Rushmer, R. F. *Cardiac diagnosis.* c1955.
Stewart, H. J. *Cardiac therapy.* c1952. (gift of publisher)

Communicable Diseases

Dalldorf, Gilbert. *Introduction to virology.* c1955. (gift of publisher)
Top, F. H. *Communicable diseases.* 3rd ed. c1955. (gift of publisher)

Diagnosis

Murphy, F. E. *Medical emergencies.* 5th ed. c1955. (gift of publisher)

Digestive System

Barborka, C. J. *Peptic ulcer.* c1955. (gift of G. D. Searle & Co.)

Geriatrics

Harrower, Molly, ed. *Medical and psychological teamwork in the care of the chronically ill.* c1955. (gift of publisher)
Pugh, W. S., ed. *War medicine: a symposium.* c1942. (gift of Dr. Patterson)
Stieglitz, E. J., ed. *Geriatric medicine.* 3rd ed. c1954.
Wolstenholme, G. E. W., ed. *Ciba Foundation colloquia on ageing.* v.1. 1955. (gift of publisher)

Genito-urinary System

Hryntschak, Theodor. *Suprapubic prostatectomy.* Rev. ed. c1955. (gift of publisher)
Robinson, J. R. *Reflections on renal function.* 1954. (gift of publisher)

Leprosy

Chaussinand, Roland. *La lepre.* 1955. (gift)
Mitsuda, Kansuke. *Atlas of leprosy.* c1952.

Neurology and Psychiatry

Grinker, R. R. *Neurology.* 4th ed. c1949.
Lennox, W. G. *Epilepsy.* c1928.
Schaffner, Bertram, ed. *Group processes. Trans . . . 1st conf., Sept. 26-30, 1954.* c1955. (gift of Josiah Macy Jr. Foundation)
Sherrington, C. S. *The integrative action of the nervous system.* c1906. (gift of Dr. Stewart)
Spiegel, E. A., ed. *Progress in neurology and psychiatry.* v.10. c1955. (gift of publisher)
Wolberg, L. R. *Medical hypnosis.* 2v. c1948.

Obstetrics

Hershenson, B. B. *Obstetrical anesthesia.* c1955. (gift of publisher)
Mack, H. C. *The plasma proteins in pregnancy.* c1955. (gift of publisher)

Ophthalmology

Atkinson, W. S. *Anesthesia in ophthalmology.* c1955. (gift of publisher)
Veirs, E. R. *The lacrimal system.* c1955. (gift of publisher)

Pediatrics

Beaven, P. W. *For the welfare of children . . .* c1955. (gift of Dr. Childs)
Spekter, Louis. *The pediatric years.* c1955. (gift of publisher)

Roentgenology

de Lorimier, A. A. *Clinical roentgenology.* v.3. c1955. (gift of publisher)

Surgery

Ferguson, L. K. *Surgery of the ambulatory patient.* 3rd ed. c1955.
Hartwell, S. W. *The mechanisms of healing in human wounds.* c1955. (gift of publisher)

Tuberculosis

Pagel, Walter. *Pulmonary tuberculosis.* 3rd ed. 1953.

Miscellaneous

Ackerknecht, E. H. *A short history of medicine.* c1955. (gift of publisher)

(*Continued on page 264*)

Notes and News

This column is written for your information and entertainment about your professional, scientific, and social accomplishments. If you have any newsworthy items, kindly phone the News Editor, Dr. W. J. Holmes, or his secretary at 6-2105, or mail them to 280 Young Hotel Building.

DOCTORS

Elected . . .

. . . by the Kuakini Hospital

Vice President: **Dr. Harry I. Kurisaki.**
Directors: **Drs. Howard H. Honda, Richard T. Kainuma, Kazuo Miyamoto, Masayuki Tokioka, Takao Yamauchi.**

. . . by the Honolulu Pediatric Society

President: **Dr. Douglas H. Murray.**
Corresponding Secretary: **Dr. Duke Cho Choy.**
Recording Secretary: **Dr. William F. Moore.**

. . . by the TAPP

President: **Dr. Marvin A. Brennecke.**
Vice President: **Dr. Paul Caldwell.**
Secretary-Treasurer: **Dr. Frank Hatlelid.**

. . . by the Hawaii Cancer Society

Vice President: **Dr. Grover A. Batten.**
Directors: **Drs. Harry L. Arnold, Jr., Philip Arthur, W. Harold Civin, Thomas F. Fujiwara, Clifford Kobayashi, Shizue Kuramoto, J. M. Marnie, Frank C. Spencer, I. L. Tilden, A. Leslie Vasconcellos, Laurence Wiig, Samuel Yee.**

. . . by the Pacific Dermatologic Assn.

Vice President: **Dr. Harry L. Arnold, Jr.**
Assistant Secretary: **Dr. Harold M. Johnson.**

. . . by the Lee Association

Vice President: **Dr. Edmund L. Lee.**

. . . by the Waikiki Yacht Club

Commodore: **Dr. Alvin V. Majoska.**

. . . by the American Academy of Pediatrics

Fellows: **Dr. Angie Connor, Dr. Richard E. Ando.**

. . . by the Sociedad Cubana de Leprologia

Corresponding member: **Dr. Harry L. Arnold, Jr.**

Board Certified

Dr. Chew Mung Lum became a diplomate of the American Board of Internal Medicine.

Dr. John J. Reagan, Supervising Psychiatrist at the Territorial Hospital at Kaneohe, was certified by the American Board of Psychiatry and Neurology.

Appointed

Dr. Claude V. Caver has been appointed chairman of the Planning Committee for Brotherhood Week, which will be celebrated throughout Hawaii February 19 to 26.

Addressed . . .

. . . the Forum on Family Case Work

Dr. A. Leslie Vasconcellos explained the functions of the Catholic Social Service.

. . . social workers

Dr. W. Frederick Shepard spoke on "Social Work as a Force in Rehabilitation" before the Hawaii Branch of the National Association of Social Workers.

. . . friends

Dr. James Enright spoke to the Friendship Club of the International Institute of Hawaii on "Poliomyelitis."

. . . citizens

Dr. Dorothy S. Natsui discussed problems of emotional maladjustment before the Hawaii Association to Help Retarded Children.

Drs. Andrew C. Ivy and **Robert C. Bell** spoke to the Residents of Koolauloa District on "Obesity and Weight Reduction."

"Is Water Fluoridation Safe?" was the topic of discussion by **Drs. F. D. Nance** and **David D. Pang** on the October television show sponsored by the Hawaii Medical Association.

"Ear, Nose, and Throat" was the title of the November TV presentation of the Hawaii Medical Association. It was presented by **Drs. L. Q. Pang, John Fraser, Harold T. Kimata,** and **Daniel Whang.**

. . . orthopods

Dr. J. Warren White, on the basis of studies of burial remains uncovered recently at Mokapu Point, reported to the Western Orthopedic Association on medical findings among early Hawaiians.

. . . librarians

Dr. G. Alkaya, a graduate of the University of Istanbul, Turkey, spoke to the Hawaii Medical Record Librarians Association on "Comparative Observations of a Foreign Doctor in the United States."

New offices . . .

. . . for Internal Medicine

Dr. Allan Leong announced the opening of his new office at 1230 South Beretania Street for the practice of internal medicine. Dr. Leong is a graduate of Roosevelt High School, the University of Hawaii and the University of Wisconsin. He interned at Strong Memorial Hospital in Rochester, New York, and completed his training in internal medicine at the Cleveland City Hospital.

. . . for Eye, Ear, Nose, and Throat

Dr. Philip W. H. Chock announces the removal of his offices to 63 South Kukui Street.

Dr. Jen Fong Moo announces the removal of his offices to 9 North Pauahi Street.

. . . for General Practice

Dr. John M. Felix announces the removal of his offices to 1834 Nuuanu Avenue.

. . . for General Surgery

Dr. Dean M. Walker announces the removal of his offices to 305 Royal Hawaiian Avenue.

. . . for Dermatology

Dr. Samuel D. Allison announces the removal of his offices to 305 Royal Hawaiian Avenue.

. . . for Pediatrics

Dr. Wah Tim Chock announces the removal of his offices to 63 South Kukui Street.

. . . for Public Health

Dr. Austin V. Deibert has been assigned to Headquarters of the United States Public Health Service in Washington, D. C. **Dr. George Bolin** succeeded Dr. Deibert.

Previous to his coming to Honolulu Dr. Bolin served with the New York City Quarantine Station, The Economic Cooperation Administration in Washington, D. C., and the American Consulate in Hong Kong.

Travelers . . .

. . . to the South Seas

Dr. and Mrs. Howard Liljestrand sailed on the schooner "Te Vega" on a two months' cruise to Tahiti, returning home in time for Christmas.

. . . to D. C. and K. C.

Dr. Leo Bernstein attended the meetings of State and Territorial Health Officers and the American Public Health Association, in Washington, D. C. and Kansas City, Missouri.

. . . to New Orleans

Dr. Morton E. Berk attended the meeting of the American Heart Association.

. . . to Boston

Dr. Homer M. Izumi, Hawaii Delegate to the American Medical Association was appointed Chairman of the Reference Committee on Reports of Officers at the recent meeting of the Association in Boston.

At the Altar

Dr. Robert G. Rigler, roentgenologist at the Straub Clinic, married Miss Jean Gurney of Merrick, Long Island, on October 8, at the Church of the Redeemer in Merrick.

Dr. Lawrence Lit Lau, Jr., married Miss Alana Lau Y. Wong on October 15 at the First Chinese Church of Christ.

New Baby

Dr. Henry C. Akina and Mrs. Henry C. Akina (Dr. Eleanor Green) are parents of a baby boy, Henry Green, born on August 27, 1955.

Author

"The Man with Deadly Dreams" is the title of an interesting, factual story written by **Dr. Nils P. Larsen,** on Filipino mystery deaths. It was published in the December 3, 1955 issue of the *Saturday Evening Post.*

ROBERT C. H. LEE, M.D.
1910-1955

Dr. Robert C. H. Lee, Honolulu physician and one of the Islands' philatelic authorities, died suddenly on October 28, 1955, of a heart attack at his home. He was born in Honolulu on April 13, 1910, attended Kalihi-Kai Elementary School and was graduated from McKinley High School. After pre-medical studies at the University of Hawaii and Stanford University, he entered Stanford Medical School. After his graduation, he spent the following year as an interne and later as a resident physician at Peking Union Medical School, China, returning to Honolulu for a six months' residency at the Queen's Hospital. In 1937, he entered general practice and maintained his office at 1336 Punchbowl Street.

He was a member of the Honolulu County Medical Society, the Hawaii Medical Association and the American Medical Association.

He was best known as a stamp collector. His interest in stamp collecting was aroused at an early age. As part of a Boy Scout project, he started a collection of Hawaiian stamps which is now considered as one of the finest in the world. In 1951, he won the Atherton Trophy, grand award for the best collection of Hawaiian stamps, at the Hawaiian Philatelic Exhibition.

He had other interests as well. He was an Eagle Scout at an early age and continued his interests in Scouting through his sons. He was a past president of the Pun Tao Hui, the Chinese Birthday Club. His club memberships also included the Exclusive Royal Philatelic Society, Chinese Stamp Club, the Chinese University Club, the See Dai Doo Society and the See Yup Society.

Surviving Dr. Lee are his wife, Mrs. Ruth Heu Lee and three sons, Alan, Robert T. Y., and Thomas T. H., his mother, Mrs. Yuk Shee Lee, two brothers and five sisters.

L. Q. PANG, M.D.

Author's Assistant

Mr. J. A. Perkins announces his availability for organizing and correcting technical and professional material for publication. He is experienced in medical, industrial, and scientific fields. He is prepared to do literature searches, abstracts, and reviews. He may be contacted at 150 Forest Ridge Way, Honolulu. Telephone 94-4213.

Forthcoming Medical Meetings . . .

The 8th annual American Academy of General Practice Scientific Assembly will be held in Kansas City, Missouri, March 19-22, 1956.

The 5th Congress of Pan-American Medical Women's Alliance will be held in Santiago and Vina del Mar, Chile, March 6-14, 1956. Information may be obtained from the Secretary, Dr. Eva F. Dodge, 2124 West 11th Street, Little Rock, Arkansas, or from the Program Chairman, Dr. Eva Cutright, Wooster, Ohio.

The Pacific Dermatologic Association will hold its next annual meeting in Honolulu on June 27-29, 1956.

Umi Makahiki I Hala*

Honolulu County Medical Society

A meeting of the Honolulu County Medical Society was held on Friday evening, September 21, 1945, at 7:00 p.m. in the Mabel Smyth Auditorium. This was a continuation of the Annual Meeting held April 6, 1945. **Dr. Halford** presided. There were 53 members present.

Dr. Halford presented the new fee schedule of H.M.S.A. for approval. This schedule was approved as issued.

The election of officers, postponed from the April meeting, was held at this time with the following results:

President.....**N. P. Larsen**
Vice-President.....**H. E. Bowles**
Corresponding Secretary.....**M. Gordon**
Recording Secretary.....**H. C. Gotshalk**
Treasurer.....**H. L. Arnold, Jr.**
Board of Governors.....**T. H. Richert**
R. N. Perlstein, Frank Spencer
Alternates, Board of Governors.....**A. S. Hartwell**
Joseph Lam, L. L. Buzaid
Board of Censors.....**R. O. Brown**
Hawaii Medical Service Association.....**Joseph Palma,**
C. L. Wilbar, Jr., F. D. Nance
Committee on Forms of Medical Practice.....**F. J. Halford**

Personals

Dr. Morton Berk completed his residency in medicine at Queen's Hospital on November 15 and joined the Department of Medicine in the Medical Group on Punchbowl Street, Honolulu.

Many of the physicians from Hawaii who served so well in the armed services are now returning to their civilian practices. **Major Lester F. Yee** passed through Honolulu on his way back to Boston after serving as chief of orthopedic service and surgery at the 105th General Hospital on Leyte. **Dr. Donald Depp,** who was on the staff of the Waipahu Plantation Hospital before entering the Army in 1942, has been appointed resident physician at Koloa Hospital on Kauai. **Dr. C. W. Trexler, Dr. Joseph Palma, Dr. Ogden D. Pinkerton** and **Dr. Robert D. Millard** have all returned from active military service to resume practice here. **Dr. Robert Faus** has returned recently from Ie Shima to don civilian clothes. **Dr. Leslie Vasconcellos** has returned and taken a residency at St. Francis Hospital. **Drs. Giles, Chung-Hoon, Chun-Ming, Bailey, Luke,** and **Ito** are back.

Dr. Sumner Price, Medical Director at The Queen's Hospital, clippered to the mainland December 1 for a six week trip there, including attendance at the American Medical Association convention as an alternate delegate from Hawaii.

Lt. Col. John A. Burden, Maui physician serving with the army in China, has been awarded the Legion of Merit by Lt. Gen. Wedemeyer. The Colonel has already been awarded the Silver Star, the Bronze Star and the Purple Heart.

Dr. Philip Corboy and **Dr. Perry Sumida** have announced the opening of practices limited to ophthalmology. **Dr. Richard T. Kainuma** has opened his office for the practice of medicine and surgery in Honolulu, and **Dr. Sam Tashima** entered practice in Wahiawa, Oahu.

* Ten years ago. From Volume 5, Number 3, January-February, 1946.

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The March-April, 1956 issue of the HAWAII MEDICAL JOURNAL (to be published in April) will be a

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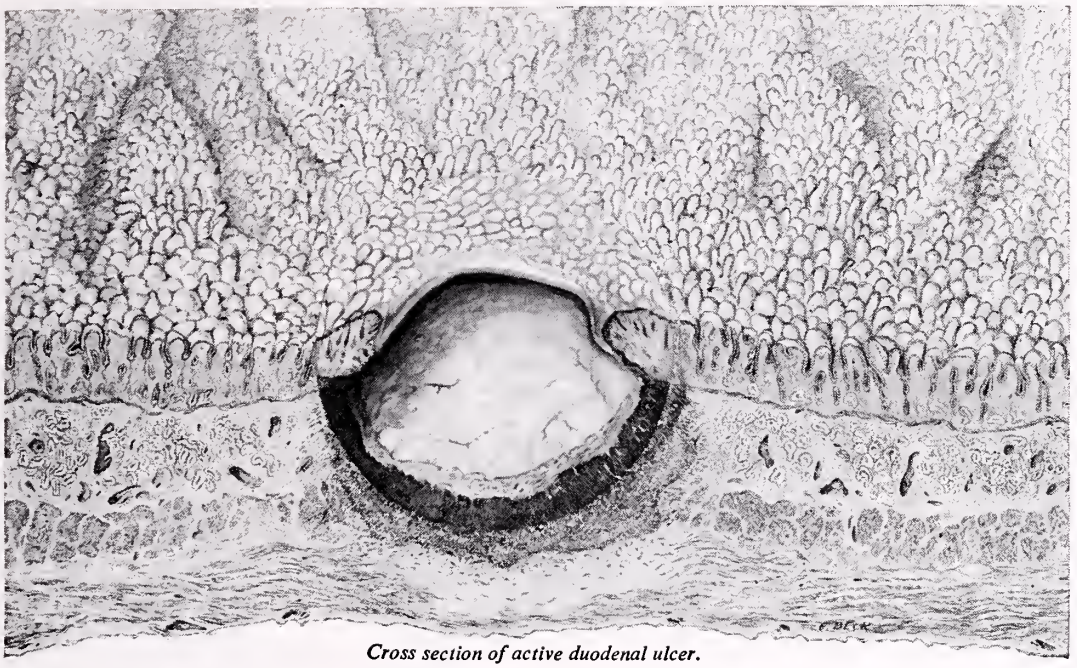
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"... our studies indicate that ulcer pain in the uncomplicated case is invariably associated with abnormal motility. ...

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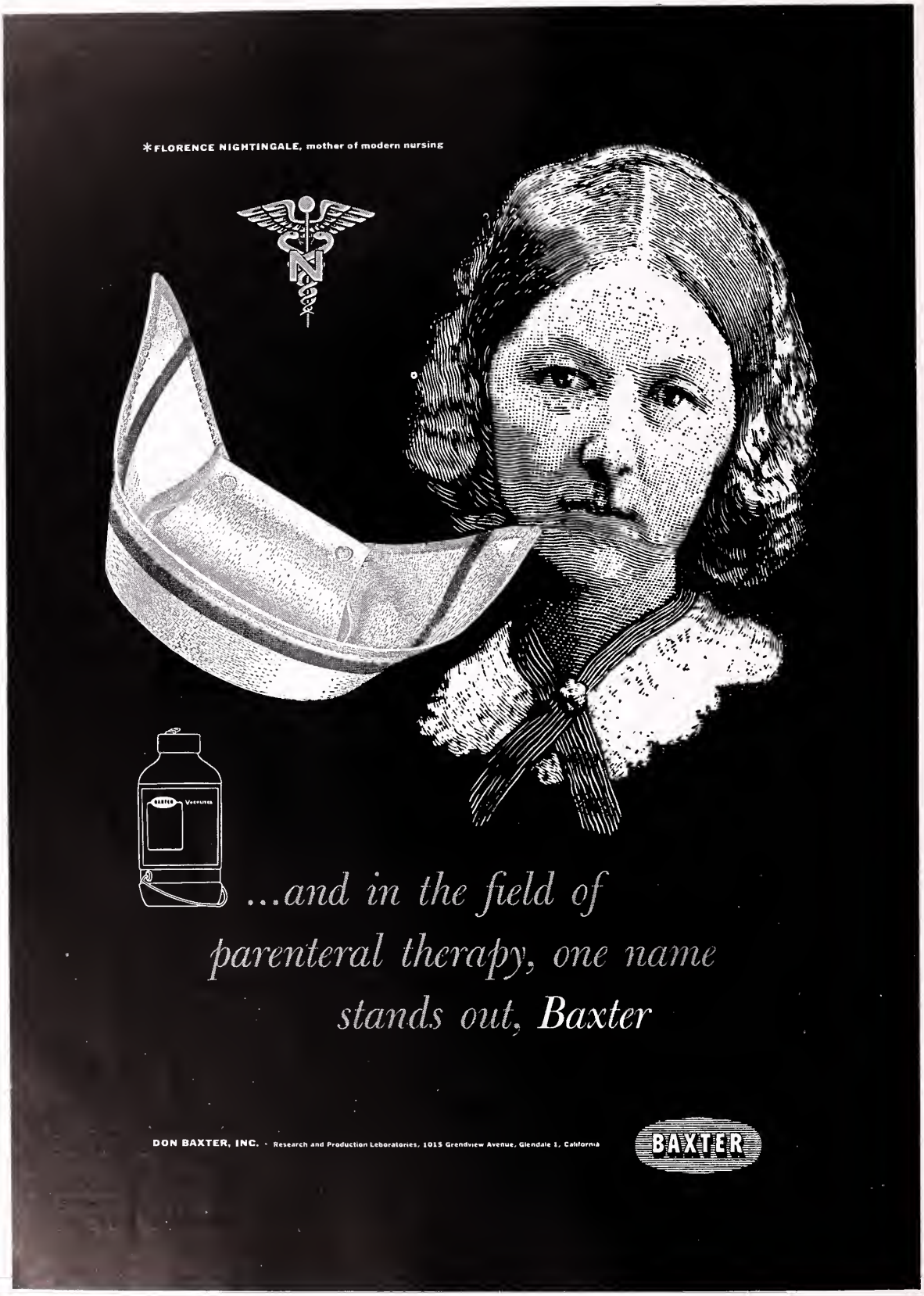
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---

1. Ruffin, J. M.; Baylin, G. J.; Legerton, C. W., Jr., and Texter, E. C., Jr.: Mechanism of Pain in Peptic Ulcer, Gastroenterology *23*:252 (Feb.) 1953.

2. Schwartz, I. R.; Lehman, E.; Ostrove, R., and Seibel, J. M.: A Clinical Evaluation of a New Anticholinergic Drug, Pro-Banthine, Gastroenterology *25*:416 (Nov.) 1953.

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INTER-ISLAND NURSES' BULLETIN

Official Publication of the Nurses' Association, Territory of Hawaii

MRS. DOROTHEA M. SPEARS, *Executive Secretary*, Honolulu

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Contributions to the INTER-ISLAND NURSES' BULLETIN are always welcome. Please submit all material to Miss Georgia Mix at St. Francis Hospital or to Miss Helen Ohara in the Mabel Smyth Building.

PRESIDENT'S MESSAGE

Another year has begun for the Nurses' Association, Territory of Hawaii. With it comes an opportunity for expanded service to the community. The vice presidents of our Association received a good response when they asked for volunteers for the many committees required for NATH. The recommendations of Mrs. Medeiros and Mrs. Camara for committee appointments were approved at the November 18, 1955 Board meeting. It is now up to the committees to fulfill their objectives. Much of the work of the Association is done through committees. Committee members should be well aware of the important part they play in shaping the program of our Association. A heavy debt of gratitude is owed to members like Mrs. Nora Shiroma, who has made such an outstanding contribution to our Association by her excellent work as Editor of the INTER-ISLAND NURSES' BULLETIN and the Newsletter.

Miss Leona Adam as Chairman of the NATH Membership Committee has done a very good job of presenting ways and means for increasing membership. She now needs the help of all the districts and all the individual members of NATH to make her project successful.

In November, NATH received a letter from Miss Alison MacBride, president of the Nurses' Association, District of Oahu, stating that our share in the special fund accumulated from the operation of the Nursing Service Bureau in past years is $3,668.80. A check for $1,268.80 was enclosed. An additional $1,200.00 will be sent us in November 1956 and again in November 1957. Nurses' Association, District of Oahu specifically requests that these sums be used for the NATH deficits. This additional income is wonderful news but it should not give us a sense of false security. We must continue to try to increase our membership if we are to improve our program.

The special committee set up to study the total situation involved in the separation of the positions of executive secretary for NATH and the Board for Licensing acquiesced to the request of the Board for Licensing in regard to having two part-time individuals fill these positions. The problems of the licensing group were appreciated. Recruitment for the NATH part-time executive secretary began the end of November. The loss of the services of Mrs. Dorothea M. Spears, who has served so ably as our part-time executive secretary since August, will be felt keenly by our Association. We hope that she will be very happy in her position as part-time executive secretary for the Board for Licensing. NATH will retain the office previously occupied by Mrs. Spears, for its executive and office secretaries since this arrangement seems to offer fewer disadvantages for both

associations. These changes resulting from the recommendations of the special committee are to be re-evaluated after the next annual meeting.

The American Nurses' Association biennial convention will be held in Chicago, Illinois from May 14 to 18, 1956. Each section will be entitled to send one delegate at the expense of the section or the individual. Three delegates at large will be chosen by the NATH Board of Directors at its March 9 meeting from names submitted by the districts. NATH members who plan to be in or near Chicago at the time of the biennial should notify their sections or districts respectively if they are willing to serve as delegates for the sections or at large. These delegates should be informed of the wishes of the districts and the sections so that they can truly represent the membership of our Association.

The Nurses' Association, Territory of Hawaii, seems to have made a good start for 1956. Let's keep up our enthusiasm and good work so that the end of the year will show that we have made consistent progress and that we have taken our professional obligations seriously.

SISTER MARY ALBERT, *President*
Nurses' Association, T. H.

OAHU NURSE OF THE MONTH—MISS GRACE MASUDA



GRACE MASUDA, R.N.

"Find somebody outstanding to write on," they said, when we set about looking for the "nurse of the month." And we came upon Grace Masuda who is "outstanding" because she is "ordinary." When told that she was chosen, Grace exclaimed, "But it isn't true, I can't be; what did I do?"

Grace didn't do anything spectacular to win public acclaim. There was no emergency tracheotomy performed; nor were there weeks spent before the Korean firing lines; nor did she make an emergency flight to an island to bring back a patient in an iron lung. She only did her duty in the best way she knew how. Employed as an evening staff nurse at St. Francis Hospital, Grace goes about the wards with a rare sense of humor, ministering to her patients. Her co-workers admire the infinite patience she displays and especially her administrative abilities for one so young. (Miss Masuda graduated in 1953 from the St. Francis Hospital School of Nursing.)

She was born on Liliha Street, in Honolulu, on February 3, 1932. Her grandparents were responsible for the welfare of her early childhood because of the terrible "depression" years which affected this family as well as many others. However, the five children were brought together once more and Grace was sent off to school. Washington Intermediate and McKinley High School can boast of contributing to her education. While attending the latter, she belonged to the "Quill and Scroll" club, a newspaper honor society. At this time Grace was responsible for writing the school news in the town papers. She was treasurer of the Pre-nursing Club and later, when she entered the School of Nursing, she held the same position for her class and the Student Body Association. Since she was so active in the Alumnae Association, Miss Masuda was elected corresponding secretary, a post she now holds.

Mrs. Masuda is her daughter's "guiding light" since her husband passed away a few months ago. This passing of the head of the family was the greatest sorrow our young nurse experienced. "Papa depended so much on me. I'd come home late from the hospital and nurse him throughout the night and part of the new day, then return to work at three o'clock in the afternoon. It was difficult, but who cares when it is one you love so very much. Dad was sick so long and it was his illness, without my realizing it, which influenced me to become a nurse. His words were, 'In whatever you undertake, always do your best to make others comfortable and happy as you have made me.' "

Along with nursing duties and the routine domestic chores, Grace raises parakeets, works in her garden, experiments with all kinds of cookie recipes and is a Sunday school teacher besides. Her future plans are indefinite because of the recent death of her father. But as soon as finances are cared for, Miss Masuda will work toward a degree in Public Health Nursing.

More power to you, Grace Masuda! May you continue to be outstanding in your ordinary way; and may you be an example to all young women who follow your footsteps in the beautiful and noble profession of nursing the sick.

Candidates for the "Honorable Mention" list for this month are:

Mrs. Barbara Shih-Hwa Yeh, Kapiolani Hospital.

Mrs. Mary Albee, Territorial Hospital.

Miss Marjorie McRae, Shriner's Hospital.

Submitted by Oahu Nurse of the Month Committee

ESTHER STUBBLEFIELD, *Chairman*

The National P. G. School of Nursing
122 Yea-Kwan Dong, Choong-Ku
Seoul, Korea

July 30, 1955

Dear Friends:

As the result of your kind sympathy, we got $29.50 worth of books on nursing through CARE.

Our School is the first Postgraduate School of Nursing in this country appeared since the spring of 1954. It is one year course school for graduate nurses of the accredited schools of nursing with at least one year of clinical experience and recommended from their schools or hospitals. Last spring we had 13 graduates; 6 of them were Public Health course, and 7 of them were Institutional Nursing course. Now we have 19 new students from all parts of Korea. They are to be the leaders in nursing in many parts of Korea after they are through with the course.

At the beginning of the school last year we had no text books to teach and so we had to borrow some books from different missionary institutions, but little after that some friends have sent us some books and magazines but most of them are 10-20 years old books.

Books that come through CARE are all new and latest books so we value them more and we are satisfied with the books and shall return all the ones that were borrowed.

The school very highly appreciated your cooperation because they will be very helpful in the progress of the school.

Sincerely yours,
/s/ (Mrs.) Frances L. Whang

INSTITUTE ON TUBERCULOSIS NURSING

Miss Virginia Jones, Director of the University of Hawaii School of Nursing, reports on her recent attendance at the Institute on Tuberculosis Nursing in New York City.

More than 40 people from all over the United States gathered in New York City early in October to discuss ways of preparing nurses to carry on the tuberculosis program in the public health nursing field. These people were university instructors and field supervisors engaged in preparing nurses for public health nursing. We spent five full days together studying tuberculosis nursing needs and ways of providing appropriate learning experiences in this area for students in nursing, both basic and graduate. The Oahu Tuberculosis Association made it possible for me to represent the University of Hawaii.

Several facts are significant for those interested in the care and prevention of tuberculosis:

1. Only 35% of the students graduating in the United States in 1953 had received a segregated experience in tuberculosis nursing.
2. In 1953, 5,000 persons who died of tuberculosis had not been reported as cases. It is estimated that there are as many unreported cases of tuberculosis as reported cases. Most of these are at home and work.
3. The highest death rates are in men above the age of 45, many of whom are living away from their families.
4. The rapidly increasing number of tuberculosis patients completing their care at home means a re-evaluation of the numbers of public health nurses needed to give adequate tuberculosis care, and of their preparation.

While the first problem has been largely solved in Hawaii, the remaining three call for study by tuberculosis workers, nurses, and nursing educators.

It was good to exchange ideas with other nursing educators and to find that the cooperation among agencies, the compactness of the Islands, and the concentration of all public health nursing services in one agency enable Hawaii to avoid many problems of coordination and integration present in most other programs of study in public health nursing.

NEW ADDRESS

INTERNATIONAL COUNCIL OF NURSES
1 Dean French Street
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THERAPY COURSE

A class to start March 19 to train registered nurses and physical therapists to become specialists in treatment and total rehabilitation of polio and other crippling disorders, in accordance with the techniques established by the late Sister Kenny, has been announced by Marvin L. Kline, executive director of the Sister Elizabeth Kenny Foundation.

Available, Kline said, are tax-free scholarships providing up to $8,250 each for qualified registered nurses and physical therapists, not over 40 years of age.

Courses are of 30 months duration for nurses and 18 months for physical therapists. Trainees are provided liberal payments monthly during training, with graduation leading to positions starting at $350 monthly and automatic raises each six months thereafter. The posi-

(*Continued on page 280*)



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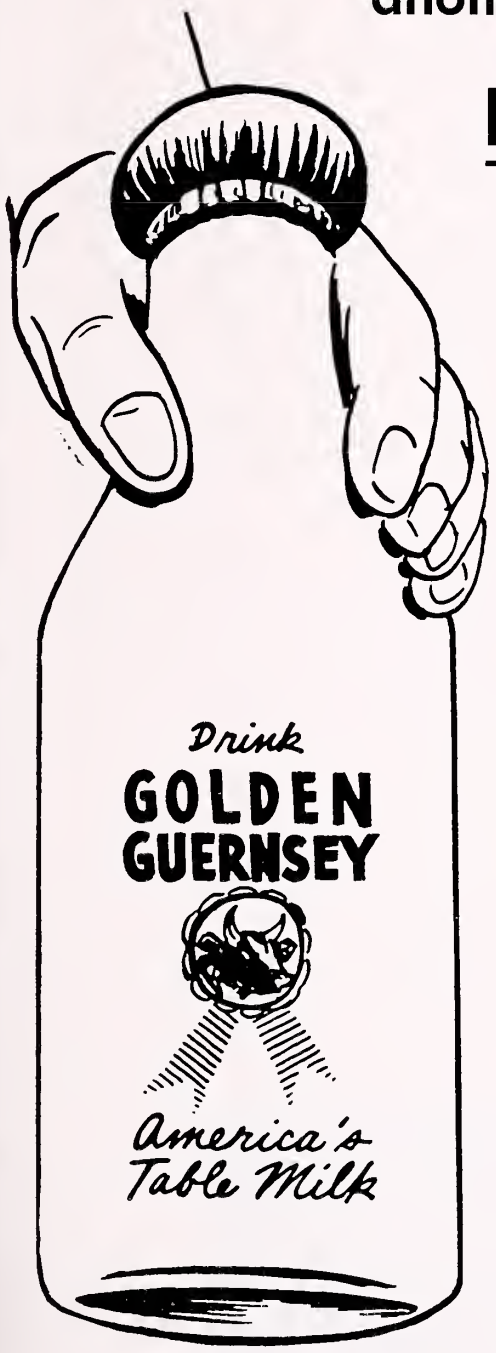
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Ask for
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ARE YOU TAX BAIT?

(*Continued from page 235*)

three years to see what he had left after paying taxes. Then they wanted to know what his fair estimates of his living expenses were for the past three years.

All of these figures fell into a neat formula:

CHA = NAT—LEX

This means *Change of Assets* should equal *Net after Taxes* minus *Living Expenses*. And if it does, the Doctor's tax returns have met the acid test.

The moral is: Keep your records intact for at least four years back—in your wife's jewel box if necessary—try the net worth theory on yourself once a year—and you may keep the tax man away.

215 West Fifth St.

LIBRARY

(*Continued from page 253*)

Bredow, Miriam. *Handbook for the medical secretary.* 3rd ed. c1954.

Burch, G. E. *Of research people.* c1955. (gift of publisher)

Klaunberg, H. J. *Tea.* c1955. (gift of publisher)

Long, R. H. *The physician and the law.* c1955. (gift of publisher)

Postell, W. D. *Applied medical bibliography.* c1955. (gift of publisher)

Rees, C. W. *Problems in amoebiasis.* c1955. (gift of publisher)

Sterling, Dorothy & Philip. *Polio pioneers.* c1955. (gift of publisher)

Stevenson, G. S., ed. *Administrative medicine. Trans . . . 3rd conf., Oct. 6-8, 1954.* c1955. (gift of Josiah Macy, Jr., Foundation)

Willius, F. A., ed. *Aphorisms of Dr. Charles Horace Mayo and Dr. William James Mayo.* c1951. (gift of publisher)

BOOK REVIEWS

(*Continued from page 247*)

Anesthesia in Ophthalmology.

By Walter S. Atkinson, M.D., 101 pp., illustrated, Price $3.25, Charles C. Thomas, 1955.

This monograph comes from an author widely known for work in ocular anesthesia. It discusses not only topical and regional anesthesia but also general anesthesia, its indications and contraindications. Dr. Atkinson discusses in great detail the toxic reactions to various local anesthetics and illustrates the "do's and don'ts" of treatment by humorous drawings.

The book is written in an easy to understand way, well indexed, and has a rather large bibliography. It is written for ophthalmologists.

OGDEN D. PINKERTON, M.D.

(*Continued on page 266*)

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HMSA

(*Continued from page 248*)

passes the benefits of any other Blue Shield program.

I also found that a trend has developed where large industries negotiate a single national plan for all of their employees including subsidiaries throughout the nation. The Government is also interested in a single national plan for its employees and service dependents. Today, many of these negotiated contracts are being carried by commercial companies because up until now they are the only ones able to offer uniform indemnity coverage. Blue Shield programs are nationally tailored to the needs of a local community on a service basis, so that the scope of benefits varies from plan to plan; however, the Blue Shield Plans are now working toward a unified service-type plan in order to enroll large national accounts. The medical profession can be and must be a big factor in assisting the Blue Shield plans in arriving at a unified service plan.

Therefore, it behooves us all to support and participate in our own plan if we are to remain competitive for the Prepaid Dollar, set our own schedules of fees, conserve free choice of doctor and hospital and continue to enjoy the American way of life and free enterprise.

BOOK REVIEWS

(*Continued from page 264*)

New Concepts in Surgery of the Vascular System.

By Emile Holman, M.D., 108 pp., illustrated, Price $3.50, Charles C. Thomas, 1955.

This thin small volume states and explains many heretofore poorly understood physical phenomena and correlates them with clinical applications to the rapidly expanding field of vascular surgery.

JAMES W. CHERRY, M.D.

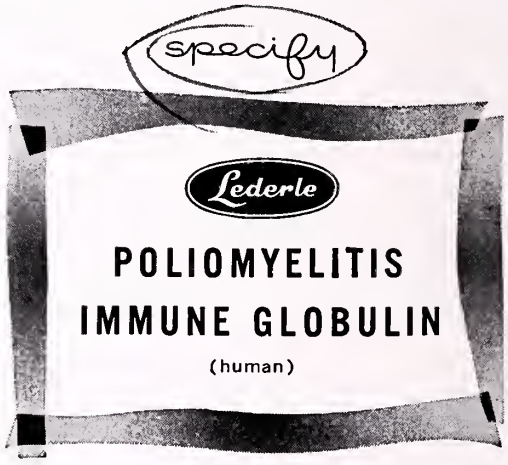
Recent Advances in Cardiovascular Physiology and Surgery.

A Symposium presented by the Minnesota Heart Association and the University of Minnesota, September 14, 15 and 16, 1953, 132 pp., Price $1.00, Minnesota Heart Association, 1954.

This is a compendium of 21 articles by men from different parts of the country and the world on the most recent knowledge and contributions in cardiovascular physiology and surgery. These articles are specialized studies of interest to those engaged in cardiovascular research and surgery.

KIKUO KURAMOTO, M.D.

(*Continued on page 272*)



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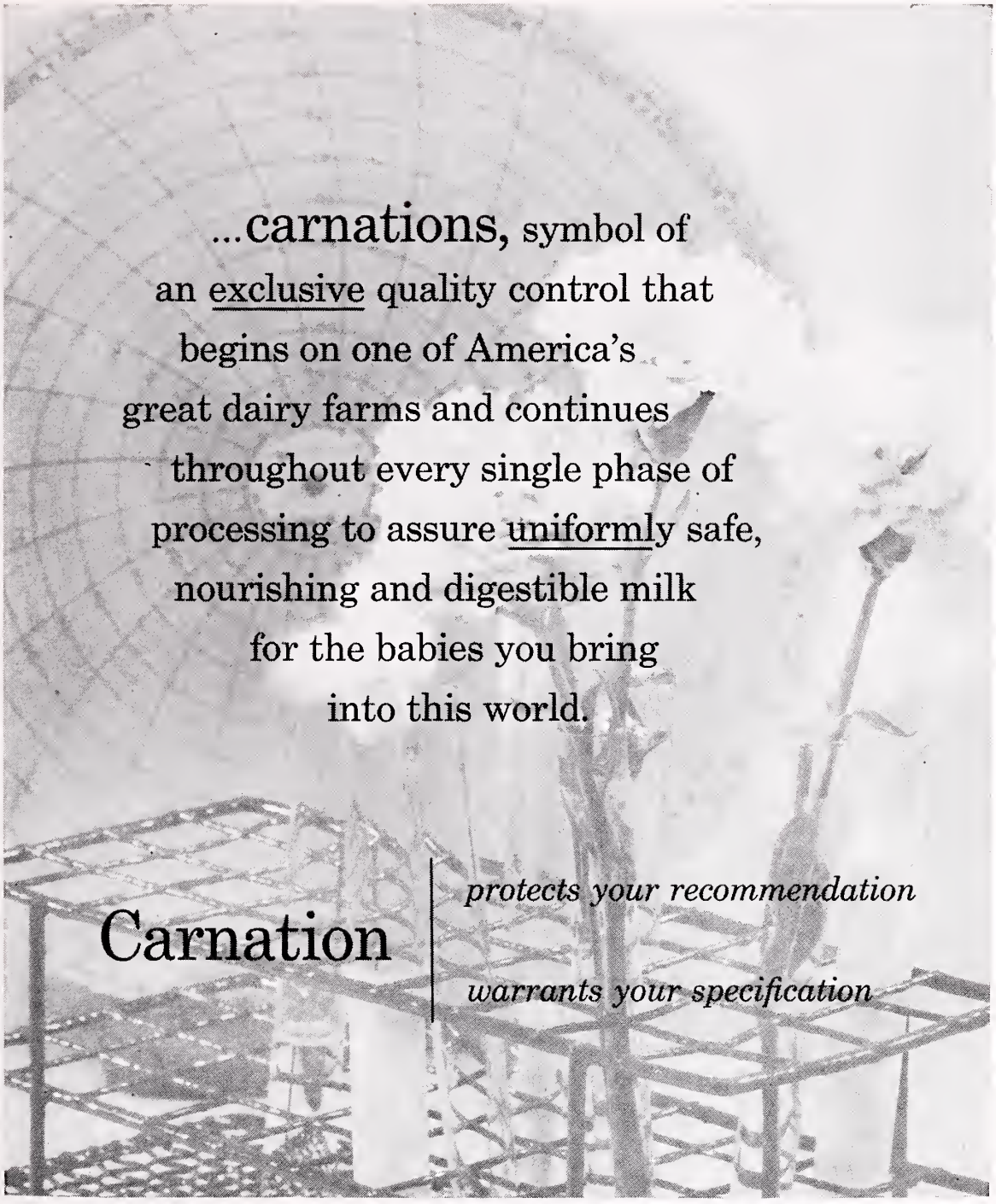
7,000 DEATHS THEN . . . 310 NOW

Two decades ago, 7,000 children died every year of whooping cough. Last year, only 310 children died of whooping cough. What explains the difference? It's the new wonder drugs — unknown two decades ago. Priceless drugs? Sure! Yet the price of the average prescription hasn't gone up any more in 20 years than has the price of a pound of coffee.

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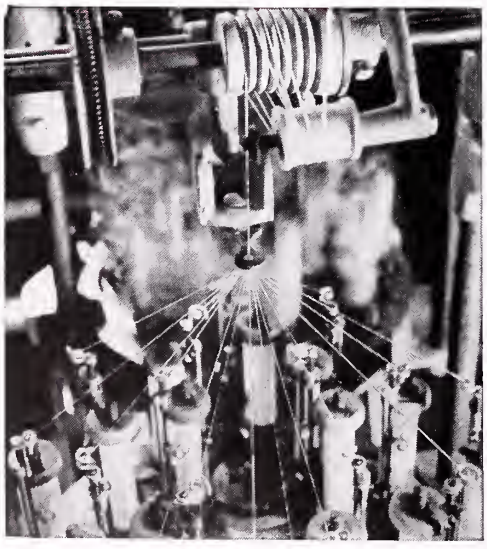

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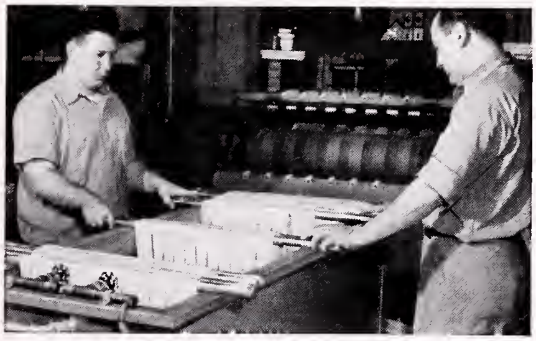
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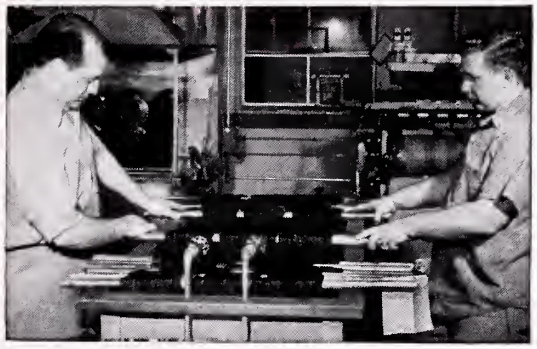


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Method used: reflected illumination, 75 x. Material used: black braided silk sutures, size 4-0.

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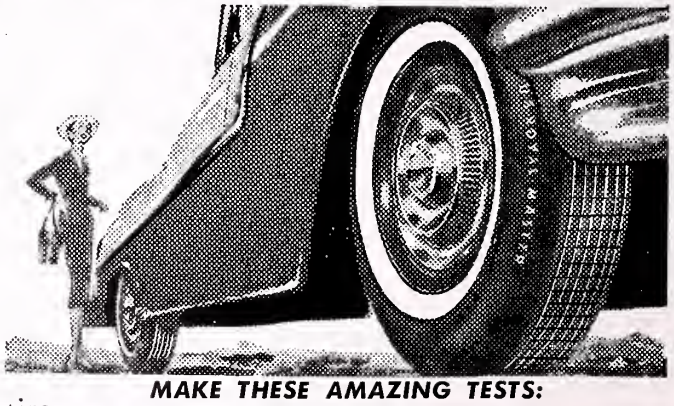
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BOOK REVIEWS

(*Continued from page 266*)

Medical and Psychological Teamwork in the Care of the Chronically Ill.

Edited by Molly Harrower, Ph.D., 232 pp., Price $5.75, Charles C. Thomas, 1955.

This is an accumulation of the papers presented at the 1954 conference on Medical & Psychological Teamwork in the Care of the Chronically Ill, held at Galveston, Texas. The general conclusion of the conference was that chronic illness is not the problem of the individual physician but should be attacked through the combined efforts of many technicians—i.e., physicians, psychologists, nurses, therapists, etc. The book should be of interest to those who are concerned primarily with the care of the chronically ill.

GEORGE H. MILLS, M.D.

Medical Emergencies.

By Francis D. Murphy, M.D., Fifth Edition, 603 pp., Price $7.50, F. A. Davis Co., 1955.

The value of this book lies in the fact that so many common acute medical conditions are discussed in an accurate, concise manner in a given order of etiology, signs and symptoms, diagnosis and treatment. Where significant, the pathology and prognosis are added briefly. Diagrams are added where they will save words. Outlines and charts are used only for clarity and emphasis. It is easy to pinpoint quickly the desired information.

Every system of the body subject to acute ailments is covered. The material is up-to-date and practical. In addition to the diseases by system, the section on acute poisoning is excellent.

This is a much needed reference book for all clinicians; this volume is a must for the many busy practitioners of today who find sudden need for immediate information without having the time to thumb through thousands of words in textbooks. This book is not for the specialists who desire detailed discussion of a single system of diseases.

The possible objection may be the inclusion of certain of the collagen and tropical diseases which are not acute emergencies, but for the most part, this should add rather than detract from the value of the book.

WILLIAM S. ITO, M.D.

Obstetrical Anesthesia.

By Bert B. Hershenson, M.D., 403 pp., illustrated, Price $9.50, Charles C. Thomas, 1955.

I hope that many obstetricians and all residents in obstetrics and anesthesiology will study thoroughly "Obstetrical Anesthesia," for this is the first volume I have found which covers completely the problems of analgesia and anesthesia in obstetrics. As Director of Anesthesia of the Boston Lying-in Hospital and Clinical Associate in Anesthesia, Harvard Medical School, Dr. Hershenson draws on a rich background of controlled clinical investigation for his recommendations and warnings. He repeatedly emphasizes the advantages to be obtained from close cooperation between all members

(*Continued on page 274*)

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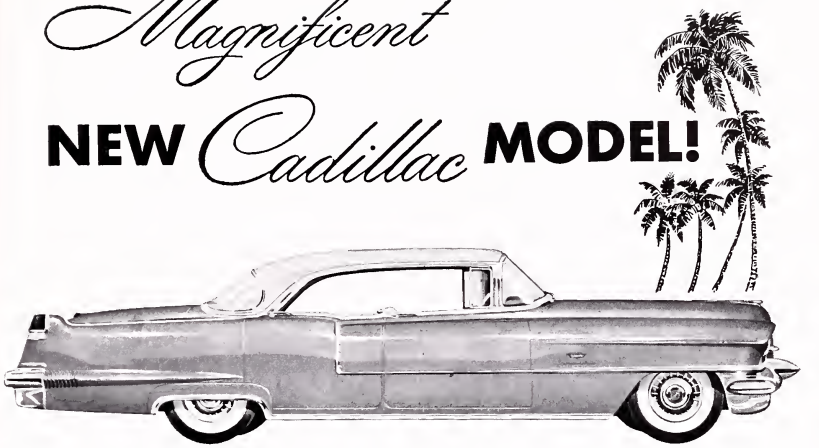
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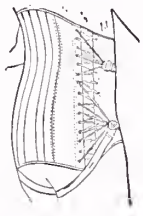
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BOOK REVIEWS

(*Continued from page 272*)

of the obstetrical team. The textual material is well oriented as to historical background, and copiously accompanied by bibliographical references adding to rather than detracting from the reader's interest. The few errors of a first printing are readily apparent and should cause no confusion.

Dr. Hershenson's last sentence states: "The obstetrical team and its co-workers with the application of more knowledge and experience, skill and attention, mature judgment and mutual professional confidence, can make labor and delivery for mother and baby both comfortable and safe." His book should aid materially in more widespread achievement of this goal.

CARL E. JOHNSEN, JR., M.D.

Peptic Ulcer.

By Clifford J. Barborka, M.D., and E. Clinton Texter, Jr., M.D., 290 pp., illustrated, Price $7.00, Little, Brown and Company, 1955.

This small volume covers briefly, but in a practical manner, the diagnosis and treatment, both medical and surgical, of benign ulcerating lesions of the stomach and duodenum. Since the authors are both internists, their approach to the gastric ulcer problem, as one would expect, is more conservative than that of most surgeons. Although they are acutely aware that approximately 15 per cent of ulcerating malignancies resemble benign gastric ulcers, they advise preliminary medical treatment.

The medical treatment of duodenal ulcers by diet and by the newer anticholinergic drugs is well presented and worthy of study. Barring the handling of the gastric ulcer problem, I would recommend this treatise as a valuable addition to the library of anyone interested in the problems with which it deals.

J. E. STRODE, M.D.

The Pediatric Year.

By Louis Spekter, M.D., 734 pp., Price $12.50, Charles C. Thomas, 1955.

By the author's own admission, this "is a technical volume designed specifically for the non-medical members of the team who work with children." Latter sections of the book deal with health services, health standards and the role of various health workers, and should be of some value to the medical profession as an easy reference. The medical discussions are elementary but more inclusive than would seem to be necessary for non-medical workers. This is a major portion of the book and recalls to memory the old home remedy book which played an important role in home diagnosis and treatment during my childhood.

MARION L. HANLON, M.D.

Cardiac Therapy.

By Harold J. Stewart, M.D., F.A.C.P., 622 pp., Price $10.00, Paul B. Hoeber, Inc., 1952.

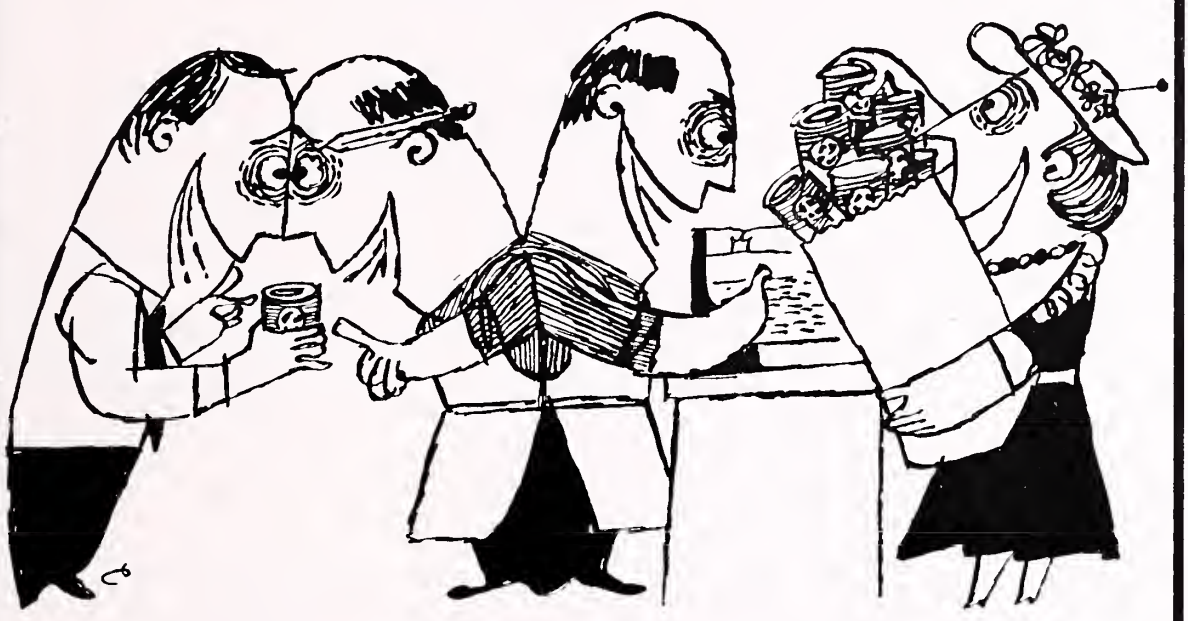
This is an excellent volume, very much needed, on cardiac therapy for the general practitioner and the internist. It is essentially a guide book on the treatment of heart disorders. Each heart disease is taken up separately and described adequately. The author assumes, however, that the reader has an understanding of etiology and pathology of the various diseases.

(*Continued on page 276*)

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BOOK REVIEWS

(*Continued from page 274*)

The management of each heart disease, indications for certain drugs, contraindications and limitations are presented very well. The mode of therapy presented in this volume is one that is generally accepted by most cardiologists. Opposing opinions are also presented as alternate plan for treatment. It is a clear, up to date book on drugs, surgery and general management of the cardiac patient.

KIKUO KURAMOTO, M.D.

The Mechanisms of Healing in Human Wounds.

By Shattuck W. Hartwell, M.D., 166 pp., Price $4.75, Charles C. Thomas, 1955.

The author discusses in detail the mechanism of wound healing in surgical incisions, burns and ulcers. His views are based on his early histologic study of surgical wounds and on his clinical observation of the healing process in some 25 years of surgical practice. His description of the "cell by cell" play of the reparative process is excellent. Some of the views expressed are definitely opinions and lack evidence.

The author claims that the monograph is an original contribution and not a review of the literature. Perhaps a more substantial and solid contribution to surgery would have been achieved had the literature been reviewed and more evidence for his views included in the book.

YUTAKA K. YOSHIDA, M.D.

The Cornea.

By Charles I. Thomas, M.D., 1318 pp., illustrated, Price $30.00, Charles C. Thomas, 1955.

Ophthalmologists will welcome this monumental, authoritative, exhaustive, up-to-date treatise. In 1,318 pages, the author clearly and concisely reviews the anatomy, embryology, and pathology of the cornea. He presents in detail the present day concepts of corneal dystrophies, inflammations, injuries, and tumors, and the corneal manifestations of allergic, metabolic, and generalized diseases. He devotes the final one-third of the book to treatment by systemic, topical, medical, surgical and radiational means.

The format and the excellence of illustrations add further appeal to this timely classic. This volume deserves a place alongside Duke-Elder's textbooks of ophthalmology.

WILLIAM JOHN HOLMES, M.D.

Clinical Roentgenology—Volume III.

By Alfred A. de Lorimier, M.D., Henry G. Moehring, M.D., and John R. Hannan, M.D., 508 pp., illustrated, Price $20.50, Charles C. Thomas, 1955.

This third volume by Dr. de Lorimier and colleagues continues the excellent presentation noted in the other volumes of this series. The material is divided approximately equally between the thorax, mediastinum and lung on the one hand and the cardiovascular system on the other. Each pathologic condition is presented separately in a concise but complete manner. The reproductions are generally excellent. One objection is the lack

(*Continued on page 278*)



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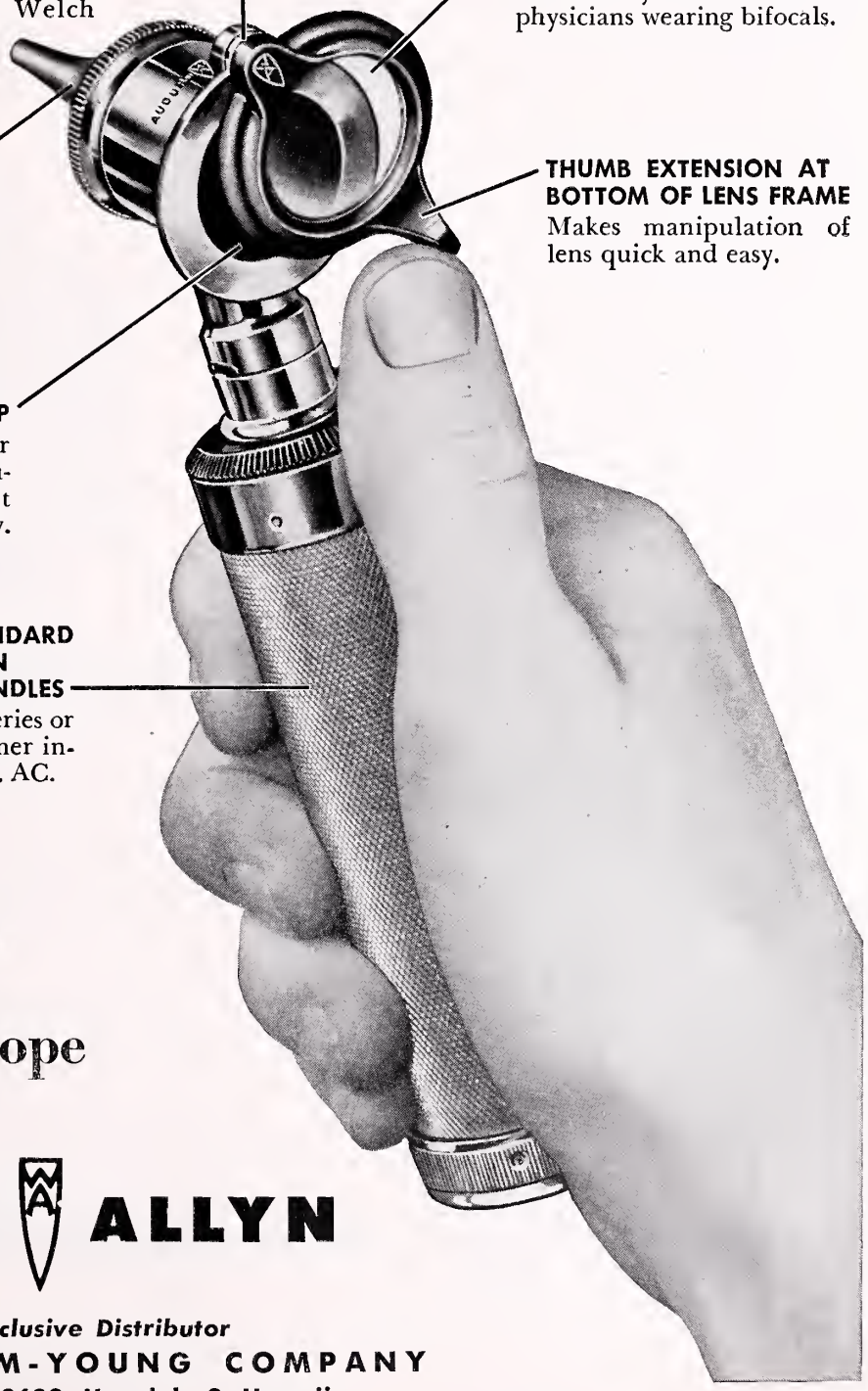
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BOOK REVIEWS

(*Continued from page 276*)

of references pertaining to the literature of the past five years. Very few if any references were noted later than 1950. This volume should be of interest to cardiologists, internists and thoracic surgeons as well as radiologists.

RICHARD D. MOORE, M.D.

Also Received

Pediatric Clinics of North America.

November 1955, pp. 927-1194, figs. 1-128, W. B. Saunders Company, 1955.

Eighteen doctors contribute to a symposium on pediatric orthopedics.

The Medical Clinics of North America.

November 1955—Diabetes and Obesity, Gynecology and Obstetrics, pp. 1571-1871, figs. 247-276, W. B. Saunders Company, 1955.

Thirteen clinics on diabetes or obesity or both and 10 on gynecology and obstetrics.

Polio Pioneers.

By Dorothy and Philip Sterling, 128 pp., illustrated, Price $2.75, Doubleday & Company, 1955.

The March of Dimes and Salk vaccine program heavily sugar-coated for children.

The Lacrimal System.

By Everett R. Veirs, M.D., 159 pp., illustrated, Price $7.50, Grune & Stratton, Inc., 1955.

All about tears.

Problems in Amoebiasis.

By Charles William Rees, Ph.D., 119 pp., illustrated, Price $4.75, Charles C. Thomas, 1955.

All about Entamoeba histolytica.

Applied Medical Bibliography.

By William Dosite Postell, 142 pp., Price $4.50, Charles C. Thomas, 1955.

Interesting reading. Useful for students of medical writing or library organizations.

Of Research People.

By George E. Burch, M.D., 56 pp., illustrated, Grune & Stratton, Inc., 1955.

A humorous and sometimes caustic look at people engaged in research.

Antibiotic Annual 1954-1955.

Edited by Henry Welch, Ph.D., and Felix Marti-Ibanez, M.D., 1154 pp., Price $10.00, Interscience Publishers, Inc., 1955.

This book is the proceedings of the Second Annual Symposium on Antibiotics, sponsored by the U. S. De-

(*Continued on page 280*)

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(1) Poyne, R. W.; Shetlor, M. R.; Farr, C. H.; Hellbaum, A. A., and Ishmael, W. K.: J. Lab. & Clin. Med. 45:331, 1955. (2) Bunim, J. J.; Williams, R. R., and Black, R. L.: J. Chron. Dis. 1:168, 1955. (3) Holbrook, W. P.: M. Clin. North America 39:405, 1955.

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BOOK REVIEWS

(*Continued from page 278*)

partment of Health, Education and Welfare, Food and Drug Administration. There are nearly 200 papers on antibiotics in it and an index by subject and author.

Assay Methods of Antibiotics.

By Donald C. Grove, Ph.D., and William A. Randall, Ph.D., 238 pp., Price $5.00, Interscience Publishers, Inc., 1955.

A technical manual.

Atlas of Distribution of Spirochetal Diseases.

Leptospiroses, Price $1.25, folded; $1.50, flat, American Geographical Society, 1955.

Another beautiful epidemiologic world map of vital interest to epidemiologists.

Antibiotics in Nutrition.

By Thomas H. Jukes, Ph.D., 128 pp., Price $4.00, Interscience Publishers, Inc., 1955.

An indexed monograph with 439 references on fascinating aspects of nutrition.

Reflection on Renal Function.

By James R. Robinson, M.D., 163 pp., Price $3.50, Charles C. Thomas, 1955.

A Cambridge physiologist thinks aloud about renal physiology. Deep and good.

The Surgical Clinics of North America.

October 1955—Function and Disease of the Anorectum and Colon, pp. 1187-1524, figs. 352-426, W. B. Saunders Company, 1955.

A nationwide symposium on proctology.

Principles and Practice of Antibiotic Therapy.

By Henry Welch, Ph.D., 699 pp., Price $12.00, Interscience Publishers, Inc., 1955.

A valuable reference text by 16 carefully chosen authors, detailing antibiotic therapy by diseases and systems.

THERAPY COURSE

(*Continued from page 261*)

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COUNTY REPORTS

(*Continued from page 252*)

Guests were: Dr. James Cherry, Dr. Ngirailild, Dr. Kolios, Dr. Moonfell, and Dr. Ishoda.

Dr. Theodore Oto, President, called the business meeting to order, and the following business was transacted:

The matter of a joint dinner meeting with the Woman's Auxiliary was discussed. It was decided to hold the meeting on October 21, 6:30 p.m., at the Yacht Club. The Pfizer Company will be our host.

A letter received from the "Citizens' Group" asking for the Society's support in voicing disapproval of the action of the Board of Supervisors in allowing an adjudged subversive film to be shown in a public building was brought up. This letter was not signed and the originators were not known. After a short discussion, the Society declined to take any action.

A letter from Dr. John T. Jenkin asking for the Society's recommendation to his appointment as school physician at several city schools was discussed. This is a position he has held for several years. A motion was made and unanimously passed approving his appointment as school physician to the specified schools.

Dr. James Cherry of Honolulu, under sponsorship of the Committee on Trauma of the Hawaii Chapter of the American College of Surgeons, then presented an excellent discussion on "The Management of Abdominal Trauma." This was followed by an interesting question and answer period.

* * *

The Hawaii County Medical Society held a joint social meeting with the Woman's Auxiliary on October 21, 1955, at the Hilo Yacht Club.

A delicious dinner was served with Mr. Joseph A. Vevoda of the Pfizer Company as our generous host. Entertainment was under the direction of our genial master of ceremony, Dr. Henry Yuen. Members present were: Drs. Bergin, M. L. Chang, Crawford, Griggs, Haraguchi, Kasamoto, Kaufmann, Kutsunai, Leslie, Matayoshi, Matsumura, Mitchel, Miyamoto, Mizuire, Oto, Schmidt, Stemmermann, Steuermann, Wipperman, Woo, Yamanoha, Yuen, Rutherford, and Helms.

Guests were Dr. and Mrs. William Davis, and Dr. and Mrs. Andrew Morgan.

No business meeting was held.

JAMES A. MITCHEL, M.D.
Secretary

Correspondence

TO THE EDITOR: The following is a recent letter to the HMSA which I thought would be of interest to you.

R. B. Faus, M.D.
Medical Director
Hawaii Medical Service Assn.

Dear Dr. Faus:

During a recent reappraisal of my pediatrics practice from a realistic, present day, economic standpoint, some interesting facts and figures emerged. For instance, in 1940 when I opened my office in downtown Honolulu, costs as compared with the present show:

	1940	1955
Rent	$55.00	$187.00
Nurse	65.00	250-350.00
Malpractice Insurance	25.00	68.40
Medical Society Dues	25.00	95.00

Drugs, income tax, gasoline, etc.—are all correspondingly high as you know. The Cost of Living Index for 1943 was 100 and has risen to 144.3 in 1955. The value of the dollar has depreciated 30.7%. When these two figures are added together it makes it roughly 75% more expensive to live and practice in 1955.

I charged $3.00 for an office call in 1940 and now the HMSA Community Plan asks me to accept $2.40. It is alleged to have been suggested by some that we can see the patient more frequently—this practice I condemn as dishonest.

Therefore, I regret that I am forced to resign from the HMSA Community Health Plan because I can no longer afford this luxury.

W. B. HERTER, M.D.

November 23, 1955

* * *

Dr. Joseph E. Strode
Honolulu, Hawaii

Dear Joe:

It is hard to realize that 14 years have gone by since the eventful

DECEMBER 7, 1941

when your profession rendered such stalwart services to the wounded.

You can be proud of the record that you all made and to that I have on many occasions referred with appreciation and gratitude and justifiable pride.

Please tell all of them who were at Tripler that I send greetings to them, and the great satisfaction of knowing that they aided in setting a record of performance that was outstanding.

I am proud of the friendships we then formed and still maintain.

With all good wishes

Very sincerely,

JOHN J. MOORHEAD, M.D.

Millbrook, New York
December 3, 1955

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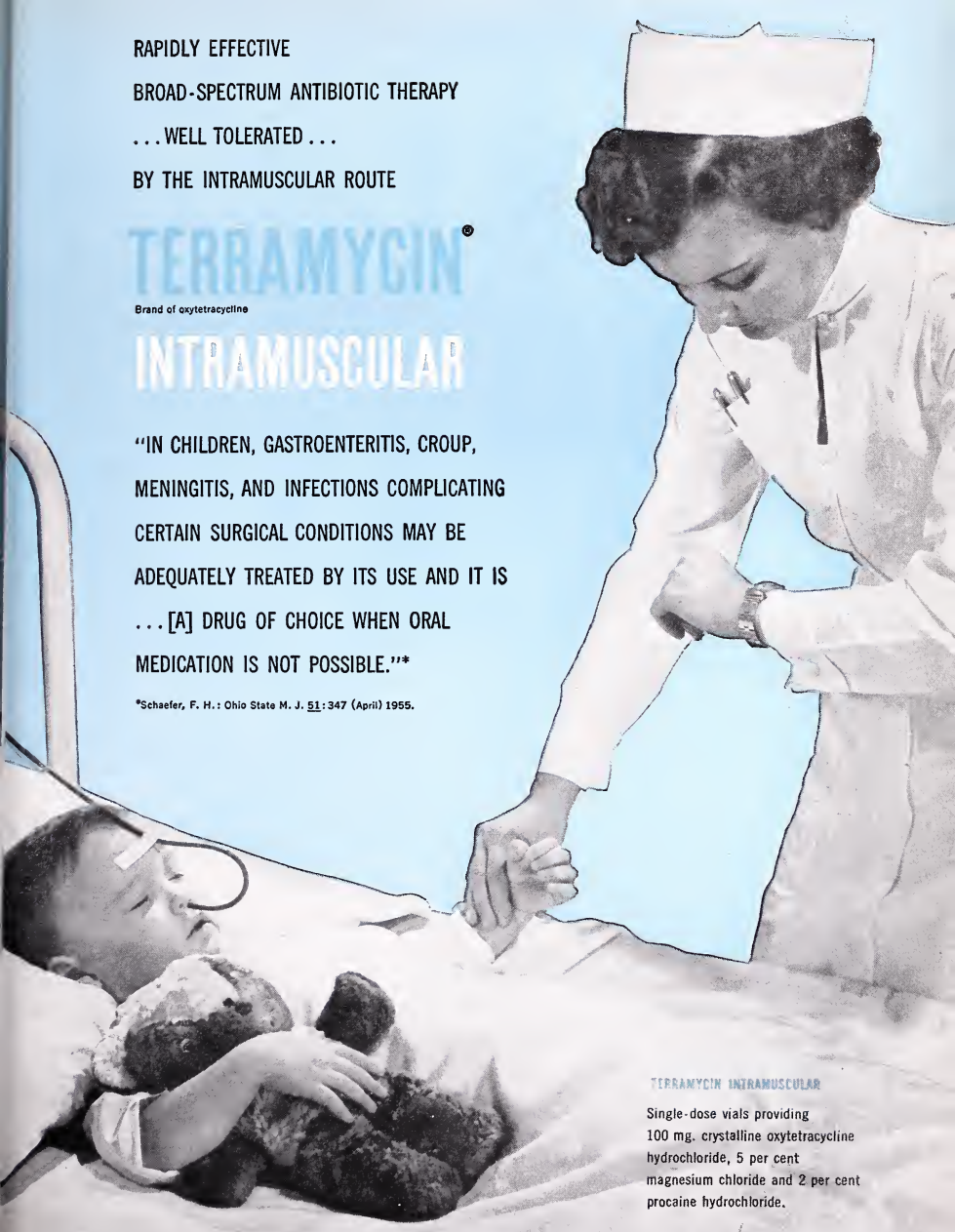
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*Schaefer, F. H.: Ohio State M. J. 51:347 (April) 1955.



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On 5/23/55 this patient (colored female, age 24) underwent an excisional biopsy of a breast tumor. On 5/24 tumor was removed and patient discharged from hospital on following day.

On 6/3/55 patient was readmitted because of purulent discharge from wound. On 6/3 a hemolytic Staph. aureus (coag. +) was isolated from abscess with the following disk sensitivities: penicillin, 1.5 units; erythromycin, 10 mcg; tetracycline, 10 mcg. Patient was placed on penicillin, 600,000 units b.i.d. for 10 days. On this schedule patient improved but progress was unsatisfactory and wound continued to discharge small amount of purulent material.

On 6/13 penicillin was discontinued and erythromycin started in dosage of 200 mgm. q.i.d. By 6/17 the discharge had stopped and wound was completely healed by 6/19. Erythromycin was continued until the patient was discharged from hospital on 6/21. Temp. was normal throughout hospital stay.

Final diagnosis: breast abscess due to Staph. aureus.

Result: rapid and complete recovery on erythromycin following failure of penicillin.

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Vol. 15, No. 4
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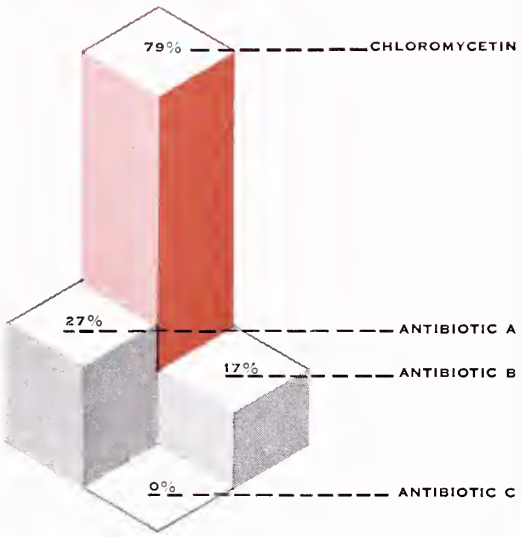
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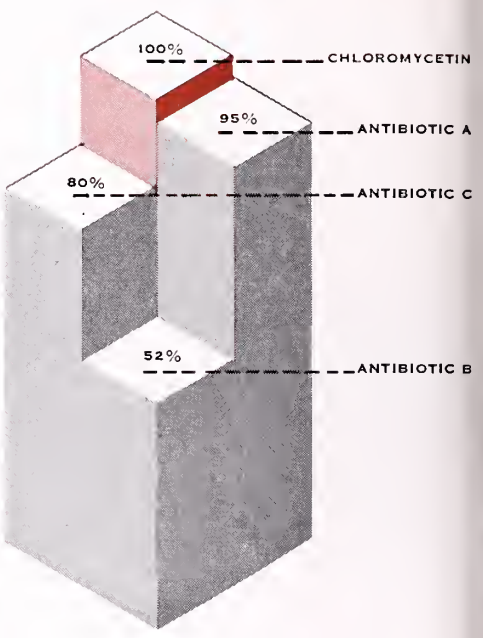
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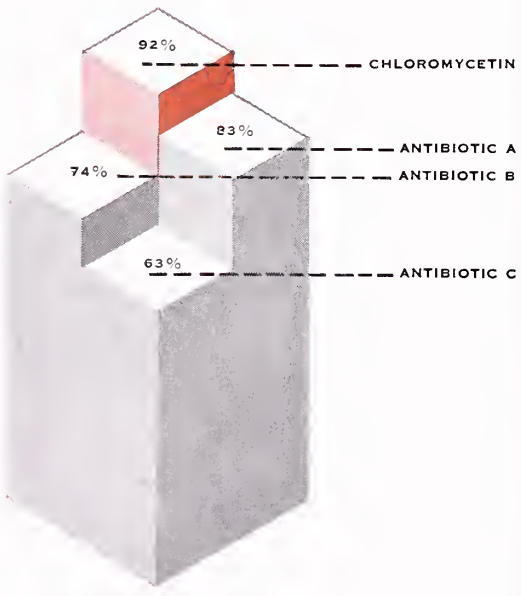
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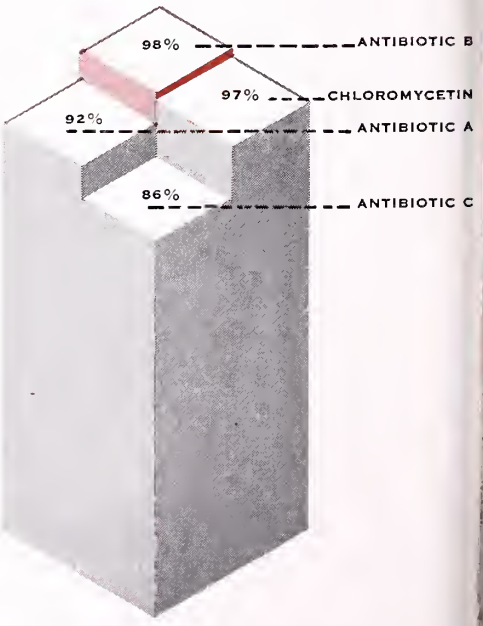
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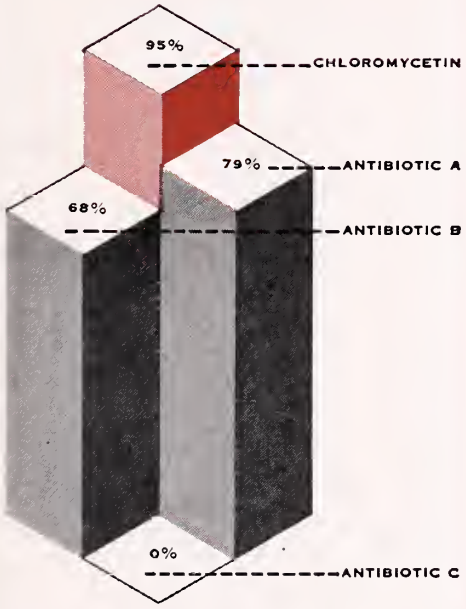
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references: (1) Altemeier, W. A.; Culbertson, W. R.; Sherman, R.; Cole, W.; Elstun, W., & Fultz, C. T.: *J.A.M.A.* 157:305, 1955. (2) Weil, A. J., & Stempel, B.: *Antibiotic Med.* 1:319, 1955. (3) Jones, C. P.; Carter, B.; Thomas, W. L., & Creadick, R. N.: *Obst. & Gynec.* 5:365, 1955. (4) Austrian, R.: *New York J. Med.* 55:2475, 1955. (5) Murphy, F. D., & Waisbren, B. A., in Murphy, F. D.: Medical Emergencies: Diagnosis and Treatment, ed. 5, Philadelphia, F. A. Davis Company, 1955, P. 557. (6) Felshin, G.: *J. Am. M. Women's A.* 10:51, 1955. (7) Kass, E. H.: *Am. J. Med.* 18:764, 1955. (8) Tebrock, H. E., & Young, W. N.: *New York J. Med.* 55:1159, 1955. (9) Stein, M. H., & Gechman, E.: *New England J. Med.* 252:906, 1955. (10) Branch, A.; Starkey, D. H.; Rodgers, K. C., & Power, E. E., in Welch, H., & Marti-Ibáñez, F.: Antibiotics Annual, 1954-1955, New York, Medical Encyclopedia, Inc., 1955, p. 1125. (11) Munroe, D. S., & Cockcroft, W. H.: *Canad. M. A. J.* 72:586, 1955. (12) Norris, J. C.: *M. Times* 83:253, 1955.

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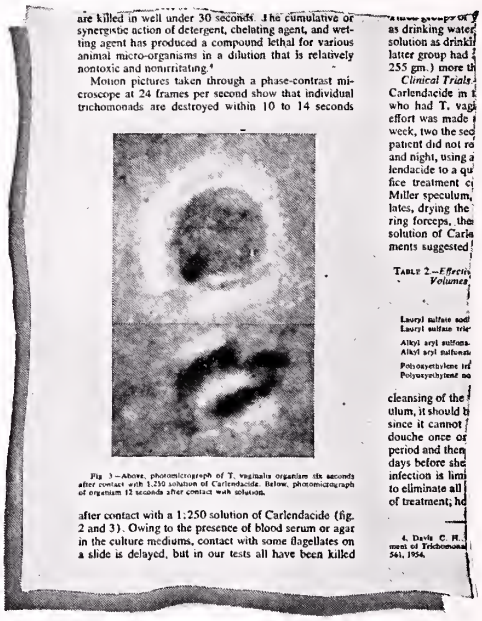
THE NEW COVER

Our first change of cover design since the *Journal's* founding graces the cover of this special Centennial Issue. Designed by Alec Baird, it retains from the original cover design, as its central theme, the Aesculapian staff and serpent, surrounded by leaves of the a'pe (Colocasia macrorrhiza), symbolizing medical practice in the sub-tropics. The design is copied from the perforated cast stone grille over the doorway of the Mabel L. Smyth Memorial Building, which houses the offices of the Association and the *Journal*. The grille's design was originally taken from the Coat of Arms of the U. S. Army Medical Corps.

DESTROYED

"... INDIVIDUAL TRICHOMONADS ARE DESTROYED WITHIN 10 TO 14 SECONDS AFTER CONTACT WITH A 1:250 DILUTION [VAGISEC LIQUID]."

Davis, C. H.: J.A.M.A. 157:126 (Jan. 8) 1955.



are killed in well under 30 seconds. The cumulative or synergistic action of detergent, chelating agent, and wetting agent has produced a compound lethal for various animal macro-organisms in a dilution that is relatively nontoxic and nonirritating.[4]

Motion pictures taken through a phase-contrast microscope at 24 frames per second show that individual trichomonads are destroyed within 10 to 14 seconds after contact with a 1:250 solution of Carlendacide (fig. 2 and 3). Owing to the presence of blood serum or agar in the culture mediums, contact with some flagellates on a slide is delayed, but in our tests all have been killed

as drinking water solution as drinki latter group had 255 gm.) more th

Clinical Trials. Carlendacide m who had T. vagi effort was made week, two the sec patient did not re and night, using a lendacide to a qu fice treatment c Miller speculum, lates, drying the ring forceps, the solution of Carle ments suggested

TABLE 2.—*Effecti Volumes*

Lauryl sulfate sod Lauryl sulfate trie

Alkyl aryl sulfona Alkyl aryl sulfonat

Polyoxyethylene ir Polyoxyethylene no

cleansing of the ulum, it should b since it cannot douche once or period and then days before she infection is limi to eliminate all of treatment; ho

4. Davis C. H.: ment of Trichomonal 561, 1954.

Fig. 3.—Above, photomicrograph of T. vaginalis organism six seconds after contact with 1:250 solution of Carlendacide. Below, photomicrograph of organism 12 seconds after contact with solution.

In his new *J.A.M.A.* article, Dr. Carl Henry Davis reviews his experience with the new trichomonacide which he and C. G. Grand, research physiologist, developed under the name of "Carlendacide." Now available as VAGISEC jelly and liquid, it has been shown on clinical trial to clear up even stubborn cases of vaginal trichomoniasis. "Adequate office and home treatment can effect a cure of T. vaginalis infections, if limited to the vagina, within four weeks."[1]

Synergistic action. VAGISEC liquid attacks the trichomonad with three surface-acting chemicals.[2] The *chelating agent* tears out the calcium of the calcium proteinate from the cell membrane of the trichomonad. The *wetting agent* lowers surface tension and removes waxes and lipid materials from the cell membrane. The *detergent* denatures the protein. With the cell membrane destroyed, the cytoplasm imbibes water from its surroundings, swells up and explodes.[3] *Synergism accomplishes this within 15 seconds!*

Thorough penetration. VAGISEC jelly and liquid penetrate the cellular debris and mucoid material that line the vaginal wall and reach hidden trichomonads that lie buried among the rugae. They dissolve mucinous material and explode hidden trichomonads as well as trichomonads on the surface of the vaginal wall.[4]

Trichomonads destroyed in 15 seconds. No other agent or combination of agents kills the trichomonad in this specific fashion, or with the speed of VAGISEC liquid.[2] Dr. Davis studied this action under the phase-contrast microscope and actually *saw* individual trichomonads destroyed within 15 seconds of contact with a 1:250 solution.[1]

Clinical tests. VAGISEC liquid has been clinically tested by over 100 leaders in obstetrics and gynecology. Those who have followed the plan of treatment have had better than 80 per cent of cures among non-pregnant patients with one course of treatment.[1]

The Davis technic.† The Davis technic is a combination of office treatment with VAGISEC liquid and prescribed home treatment with both VAGISEC jelly and liquid.[1] Dr. Davis says that office treatment is an essential part of the technic.

Write for: reprint of Dr. Davis' article,[1] file card giving complete details of Davis technic, and pad of patient instruction sheets for home treatment. Address Julius Schmid, Inc., 423 West 55th Street, New York 19, N. Y.

Bibliography

1. Davis, C. H.: J.A.M.A. 157:126 (Jan. 8) 1955. 2. Davis, C. H.: Am. J. Obst. & Gynec. 68:559 (Aug.) 1954. 3. Davis, C. H.: West. J. Surg. 63:53 (Feb.) 1955. 4. Davis, C. H.: J.A.M.A. 92:306 (Jan. 26) 1929.

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PHOTOMICROGRAPHY SEES WHAT THE HAND CANNOT FEEL

Photomicrographs (unretouched) by E. J. Thomas, Stamford Laboratory of the Research Division of the American Cyanamid Company, Stamford, Conn.

Method used: bright field, 138x. Material used: medium chromic gut, size 5-0.



D & G gut

Photomicrograph shows the smooth surface of D & G SURGICAL GUT, with practically no fraying or roughness. *Reason:* Carefully controlled slitting of plies plus uniform twisting provides a smooth, well-bonded strand. No need to grind it to size. Gentle polishing gave the matte finish. *Result:* the full natural strength of each gut ribbon (ply) is preserved; the strand is not frayed by grinding.

Another leading gut

Photomicrograph reveals rough, frayed surface of another leading brand of gut. This has been ground to size. Gut processed in this way appears very uniform in diameter to the naked eye. But the photomicroscope reveals serious imperfections which may cause fraying and loss of strength when the knot is tied.

see exhibit on next page

SUTURES AND OTHER D&G® SURGICAL SPECIALTIES

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Photomicrography shows why D & G gut is more flexible



D & G GUT

Firm, even cohesion of plies is apparent in this photomicrograph of a D & G SURGICAL GUT suture.
Reason: plies were twisted into a strand before suture was chromicized. Natural cohesive forces of moist untreated collagen firmly bond the plies together and hold the twist.
Result: under stress, plies of the suture hold together. The D & G gut is more flexible and knot strength is greater.



ANOTHER LEADING GUT

Photomicrograph detects separate and distinct plies in a strand of another leading brand of surgical gut. Here each ply was chromicized before they were twisted into suture strands. Such "ribbon chromicizing" hardens the surface of each ply, decreasing the natural bonding action, lowering the flexibility and tensile strength of the suture.

Photomicrographs (unretouched) by E. J. Thomas, Stamford Laboratory of the Research Division of the American Cyanamid Company, Stamford, Conn.

Method used: dark field, 38x.
Material used: medium chromic gut, size 00.

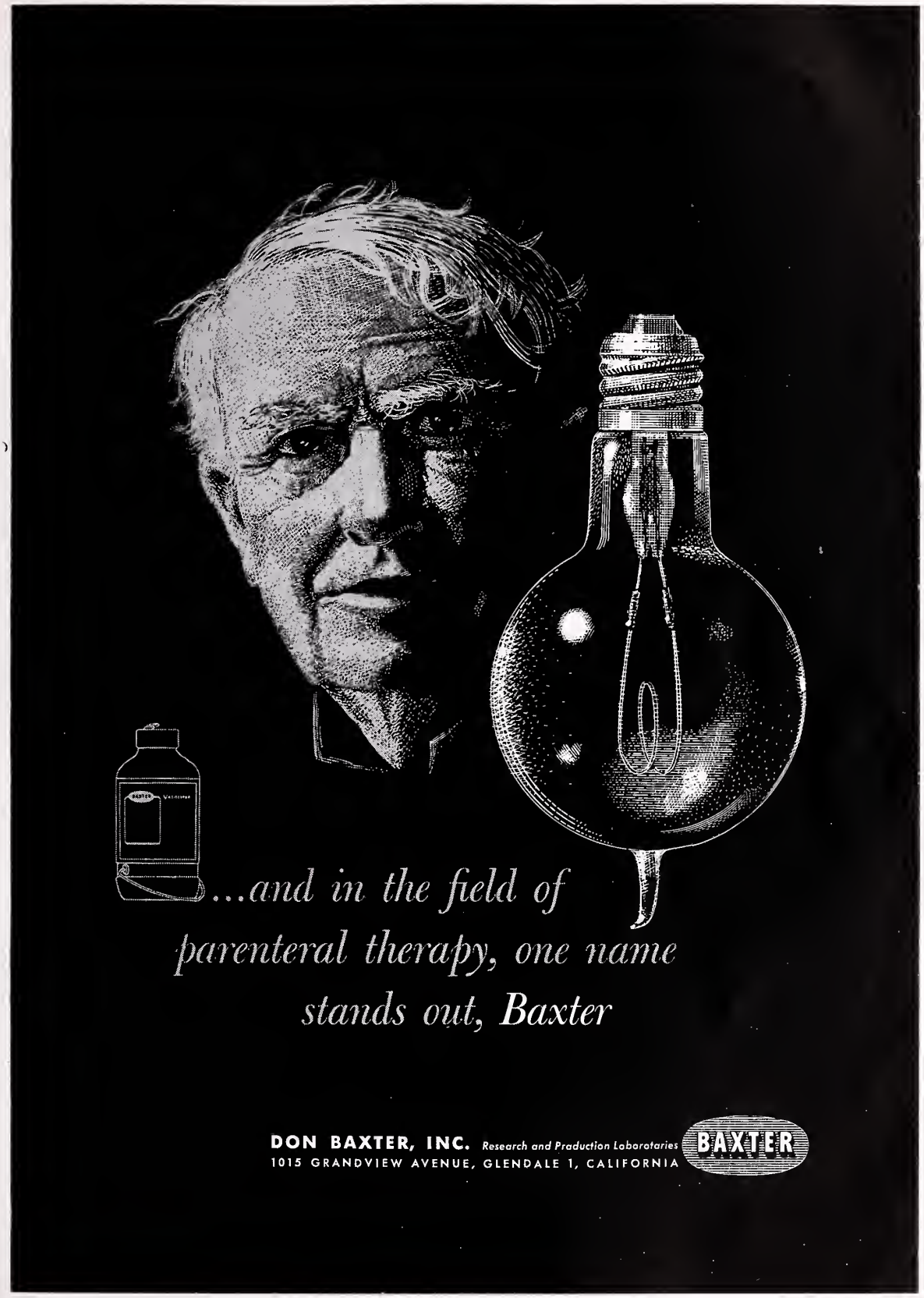
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SUTURES AND OTHER SURGICAL SPECIALTIES

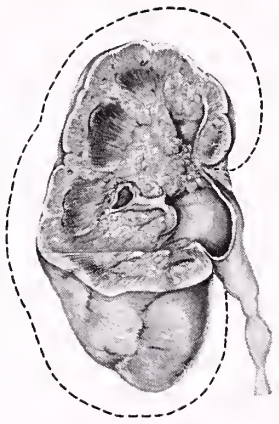
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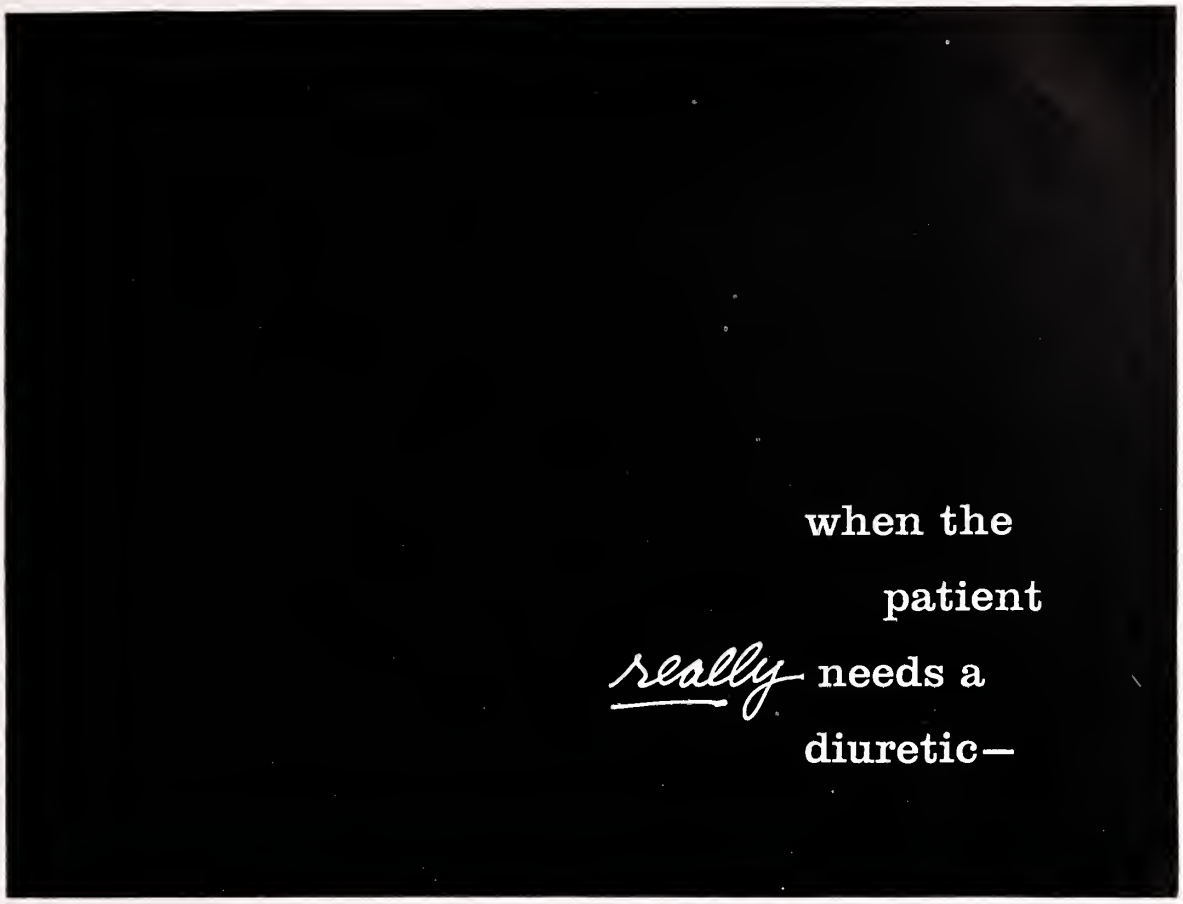
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1. Moyer, J.H., in discussion of Galen, W.P., and Duke, J.E.: Outpatient Treatment of Hypertension with Hexamethonium and Hydralazine, South. M.J. *47*:858 (Sept.) 1954.

2. Moyer, J.H.; Dennis, E., and Ford, R.: Drug Therapy (Rauwolfia) of Hypertension. II. A Comparative Study of Different Extracts of Rauwolfia When Each Is Used Alone (Orally) for Therapy of Ambulatory Patients with Hypertension, A.M.A. Arch. Int. Med. *96*:530 (Oct.) 1955.

3. Wilkins, R.W.; Stanton, J.R., and Freis, E.D.: Essential Hypertension. Therapeutic Trial of Veriloid, a New Extract of Veratrum viride, Proc. Soc. Exper. Biol. & Med. *72*:302 (Nov.) 1949.

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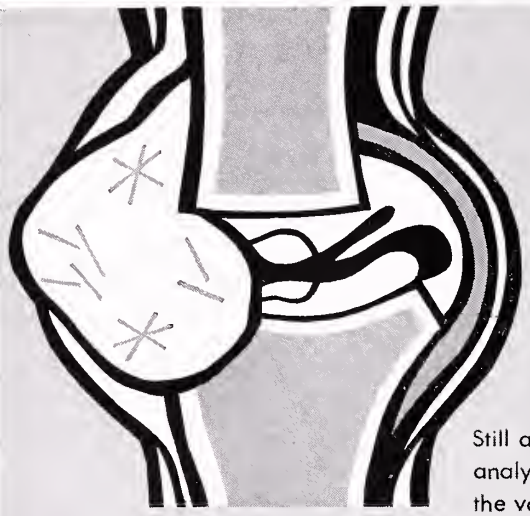
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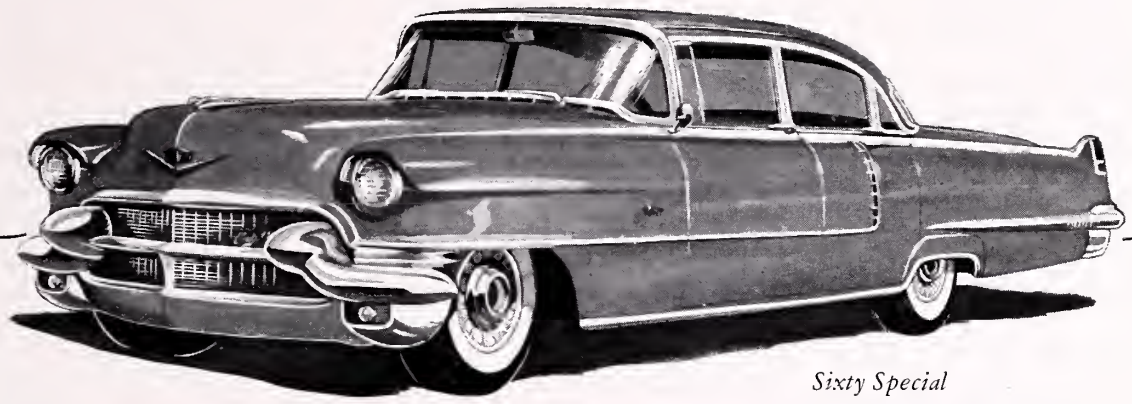
1. Denko, C. W.; Ruml, D., and Bergenstal, D. M.: Am. Pract. & Digest Treat. 6:1865, 1955.
2. Halbrook, W. P.: M. Clin. North America 39:405, 1955.
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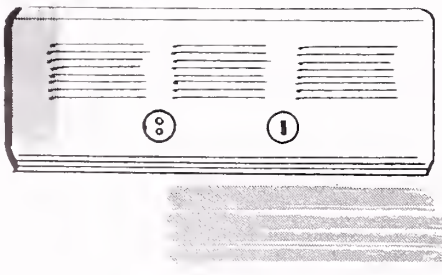
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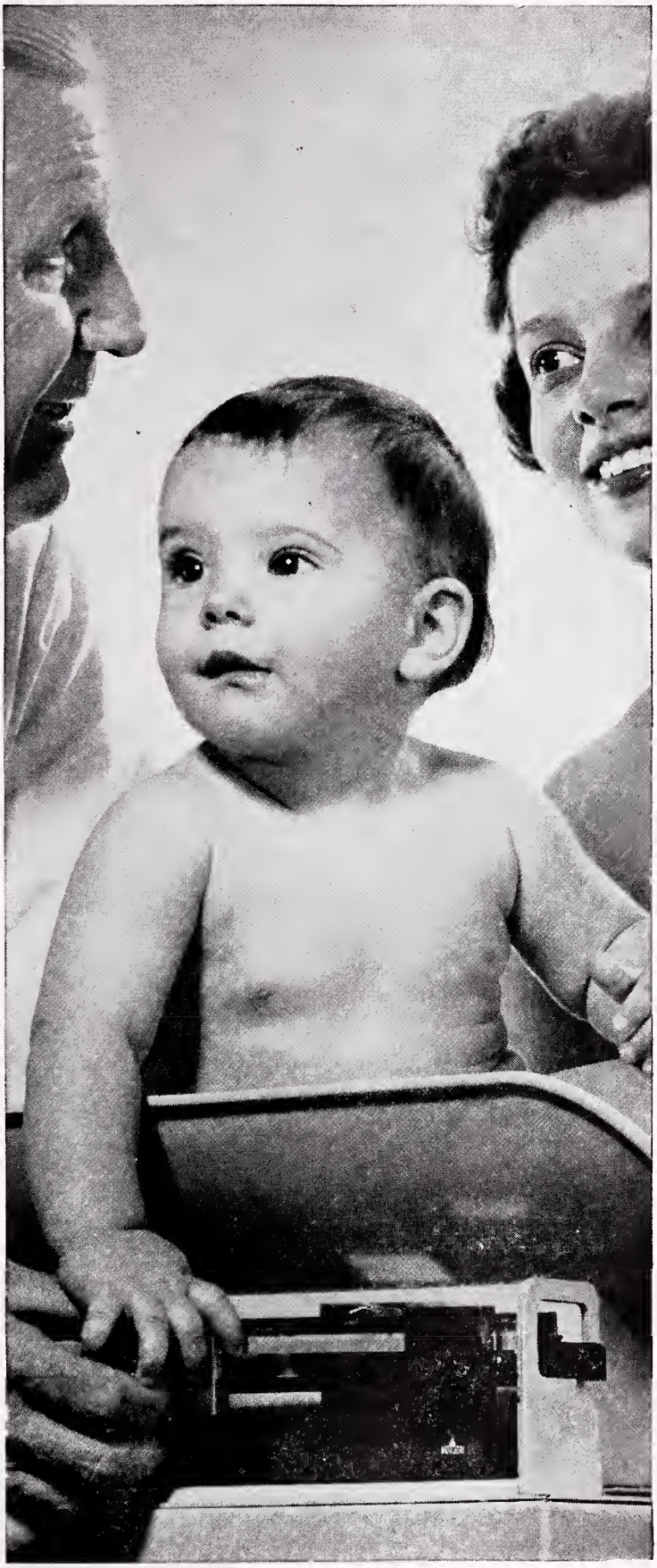
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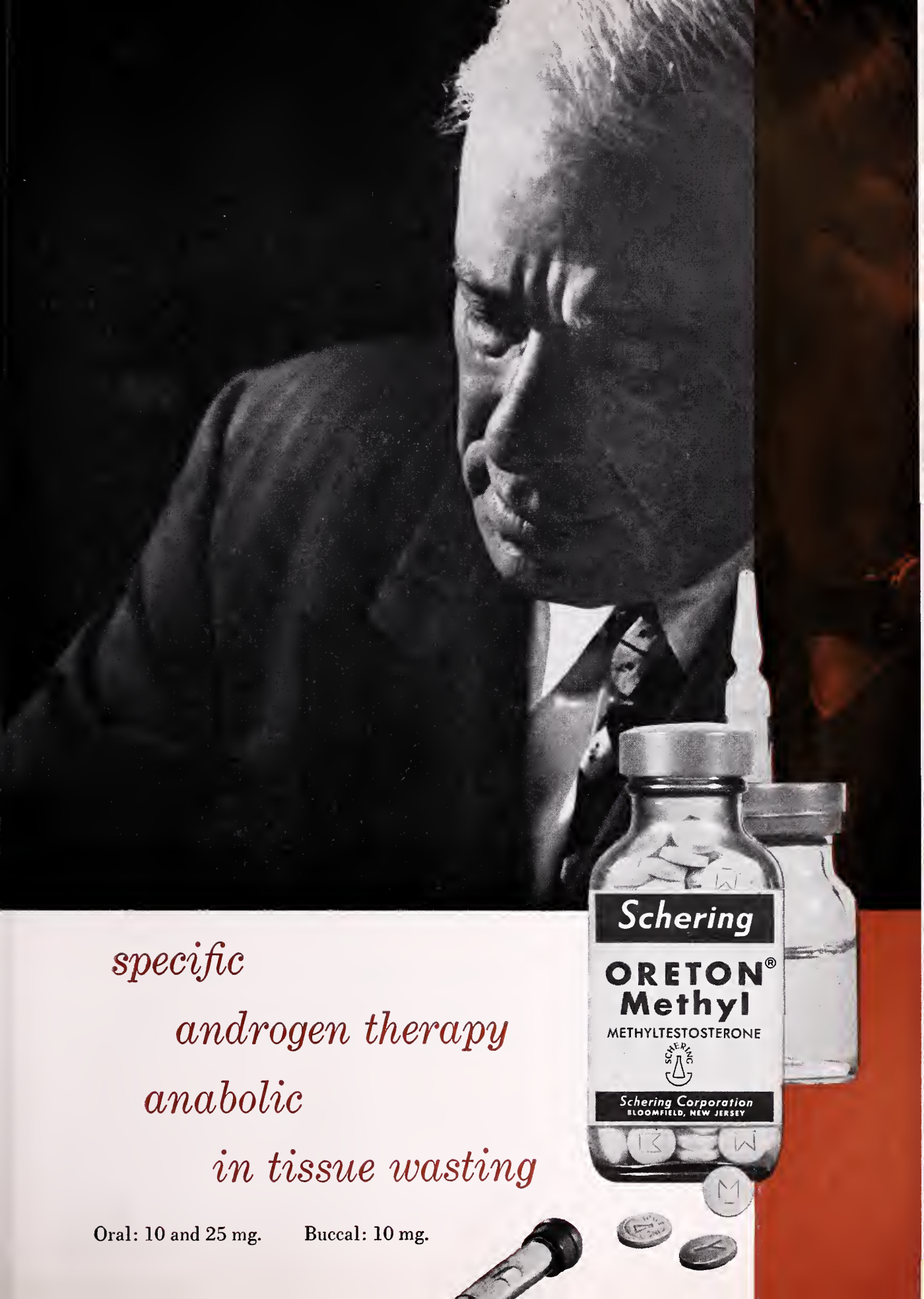
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CLARENCE E. FRONK, M.D.

Our President

Surgeon, soldier, traveler and big game hunter, Dr. Clarence E. Fronk became President of the Hawaii Medical Association on May 6, 1955.

Dr. Fronk was born in Conway, Iowa, March 30, 1883. He received his M.D. from St. Louis University Medical School in 1906, and after a year's interneship at St. Louis City Hospital, spent a year in general practice in Marysville, Missouri. In 1908 he was commissioned in the U. S. Army Medical Reserve Corps, and he spent the next year studying in the Army Medical School.

After a brief tour of duty in Texas, he went to Mindanao in the Philippines, where he met Laura Mulhall Sayer, to whom he was married after their return to the Mainland in 1912. They have two daughters, and now two grandsons, both in military service.

In 1920 Dr. Fronk, then a Major, was ordered to Hawaii as Chief of Surgery at Tripler General Hospital. He had by then achieved the cherished distinction of being the youngest Division Surgeon of World War I. Like many of his brother officers at that time, he liked Hawaii: before his tour of duty ended, he became licensed to practice here, and joined the Hawaii Medical Association. In 1923 he resigned his commission and entered private practice in Honolulu.

In 1924 he was promoted to Colonel, M.C., U. S. Army Reserve, a rank he still holds. From 1940 to 1945, he was again on active duty, and was given the Legion of Merit award for service as liaison officer between the Army and the Office of Civilian Defense in Honolulu. He retired in 1948.

In 1939, with Dr. William H. Wynn, he founded the Fronk-Wynn Clinic, renamed the Fronk Clinic after Dr. Wynn's resignation and retirement in 1949.

Dr. Fronk became a Mason in 1907 and has been honored with the top offices of the Rose Croix and Lodge of Perfection; he became a 33d degree Mason in 1945. He is a Fellow of the American College of Surgeons and the International College of Surgeons, and a founders' group Fellow of the American Association for Surgery of Trauma.

He has pursued the hobby of big game hunting since 1937, in the Philippines, the Rocky Mountains, Indo-China, Africa, India, and Mexico.

He has guided the Association successfully through its difficult hundredth year, and his year as President is about to culminate in the celebration of the Association's Centennial Anniversary. As he turns over the reins to his successor, we thank him for his leadership, and wish him, appropriately, "good hunting"!

HAWAII NEI

Upon some beach tonight the moon glows white
Tracing the footsteps of the past.
The waves curl gently, holding in their palms
Remembered yesterdays.
Once on this sand patrician footsteps walked,
The kings and queens of unsequestered ways,
And little princes leaped in golden joy
To feel the warmth of ocean curling at their feet.
You lie, my princes and my kings
In hallowed rest upon Manoa's hills.
We hail you now and bless you for your land
And love your beaches reaching to the sea.
We feel the winds that blow against our brows.
We smell the blossoms sweet upon the air.
We know the gentle ripples of the tide,
Our feet upon the streets you never knew.
We hold these things you loved
And love them too:
Hawaii—islands of the golden seas—
And standing now before your resting place
Renew our strength in this our favored land.

EILEEN CLARKE PENNINGTON

Honolulu, 1952

Hawaii Medical Association, 1856-1956

HARRY L. ARNOLD, JR., M.D., Honolulu

A monarchy's high standards of public health and medical care were bequeathed to a Territory, which guarded them well and advanced them further.

ON MAY 19, 1856, the Privy Council of 22-year old Alexander Liholiho, King Kamehameha IV of the Kingdom of Hawaii, met to hear His Majesty announce his impending marriage to Emma, "daughter of T. C. B. Rooke Esquire M.D., and grand Daughter of the late John Young Esquire." Present at the meeting were the Hawaiian *alii* Kaeo, Nahaoleelua, Piikoi, Kanoa, Kapaakea and Prince Lot Kamehameha, the *haole* statesmen Wyllie, Allen, and Hopkins, and L. Andrews, the secretary.



DR. ARNOLD

The second item of business was a petition for a charter of incorporation (Fig. 1), submitted by ten physicians of Honolulu (including the King's prospective father-in-law). It was promptly granted, in the following words:

> *Hooloia; O ka palapala noi a Hillebrand ma. aiwa lakou, he poe Kahuna [!] la kou, i palapala hui na lakou, ua aeia, a ua kauohaia ke Kuhina Kalaiaina e haawi aku, me ka malama aku, ua pololei Ke kakau ana.**

On July 19, 1856, the charter was granted; it was first published in *The Pacific Commercial Advertiser* for August 21, and then in *The Polynesian* for August 30 (Fig. 2). Meanwhile, the new organization had held its first meeting on August 13, and elected Dr. R. W. Wood as President, Dr. Charles F. Guillou as Secretary, and Dr. E. Hoffmann as Treasurer, in accordance with the requirements of the charter. They then created the office of Vice-President, to which they elected Dr. William Hillebrand.

On December 8, 1858, a meeting of the Hawaiian Medical Society was held to commemorate the recent death of Dr. T. C. B. Rooke by an appropriate resolution, moved by Dr. Hillebrand and unanimously adopted, and published December 11 in *The Polynesian* over the signatures of the President and Secretary—still Drs. R. W. Wood and Charles F. Guillou respectively. Aside from this newspaper item, we have been unable to find records of their subsequent meetings. Their charter, however, remained valid, and it is under this same charter, duly amended, that the Hawaii Medical Association operates today, as we shall see.

* Resolved; That the Petition of Dr. Hillebrand and nine others, medical men, for a charter are [*sic*] granted, and the Minister of the Interior is directed to grant the same, taking care that it be properly drawn up.

Public Health in Hawaii

The doctors may not have been holding regular meetings of their medical society during this period—but it is obvious that they were far from idle. Hawaii in 1856 was plagued with a variety of diseases, and its King was deeply concerned with the health of his people. The kingdom had already established a remarkable record in the face of rather extraordinary medical problems.

Fear of smallpox had led as early as 1836 to the rule that pilots must not board ships until it was certain that they were free from smallpox. This rule was enforced by appointive Harbor Boards in 1839, and provided for by law in 1840. Notwithstanding these precautions, smallpox struck in 1853, with over 9,000 cases and nearly 6,000 deaths, in a population of just over 70,000. Smallpox vaccination was made compulsory by law in 1854.

Leprosy had first been noted (by Dr. Dwight Baldwin) in 1840; epidemics of measles, pertussis and influenza occurred in 1848, and nearly every child born that year died; syphilis and gonorrhea were endemic; and "diarrhea, dysentery and inflammation of the viscera" were referred to repeatedly. The Hawaiian population dropped from 124,049 to 66,984 between 1832 and 1860.

Kamehameha III had established a Board of Health on December 10, 1850, under the chairmanship of Dr. Rooke, with four medical members (Drs. Lathrop, Hardy, Hunter and E. Hoffmann) and two laymen. In 1855, largely due to their efforts, a systematic water supply was es-

To His Excellency
The Minister of the Interior
Of the Hawaiian Kingdom.

Whereas the undersigned petitioners have formed a society in Honolulu, for the encouragement and cultivation of medical Science under the name of the "Hawaiian Medical Society" as a Society devoted to the collection and diffusion of medical knowledge, the advancement of the interests and usefulness of the medical profession, and the cultivation of harmony and good feeling among its members; and

Whereas, under authority of the Act relating to corporations approved by the King on the 17th day of April, 1856, the Ministes of the Interior has power, subject to the provisions and conditions of said act, in his discretion, by and with the advice and consent of the King, in Privy Council, to grant charters of incorporation to associations other than for Banking and Municipal Corporations,

And, whereas, the Hawaiian Medical Society does not seek or ask, for itself, a monopoly of any business or occupation (whatsoever)

whatsoever,

Now, therefore, your Petitioners, the undersigned, do ask and petition that you may, in your discretion, be pleased to grant to them a perpetual Charter for the "Hawaiian Medical Society" whose objects are stated in this Petition, to have and to enjoy, for the prosecution of their legitimate purposes, the powers and privileges specified in the Act named, subject to the limitations and restrictions therein mentioned;

And, that the Society may be authorized to hold real and personal estate for the herein specified purposes of the Society, Provided that the annual income of such estates shall not exceed one thousand dollars.

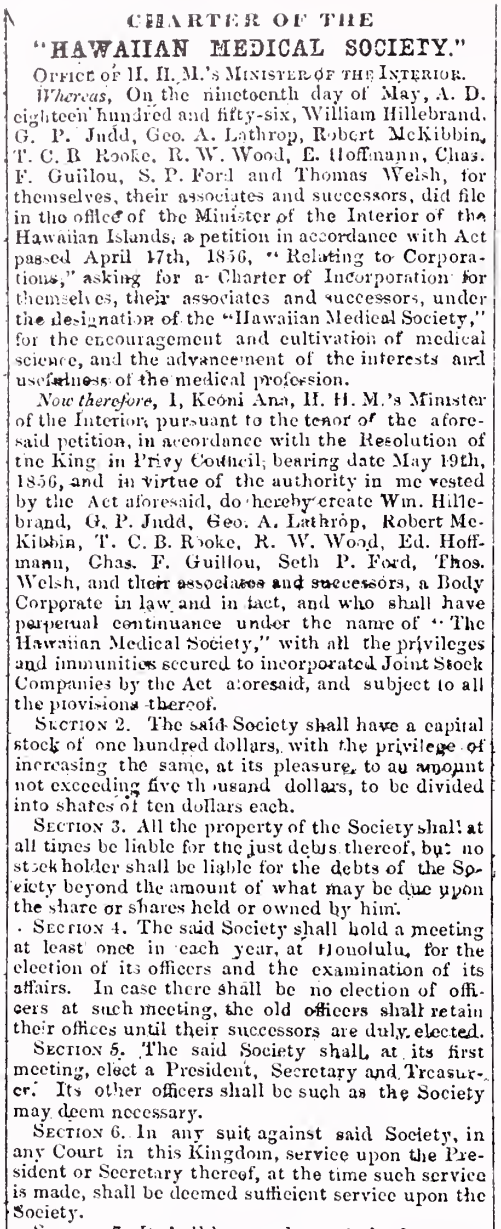
And, your Petitioners remain

Respectfully

Wm Hillebrand
G. P. Judd
Gro A Lathrop
Robt W Wisbie
Chas Byron Brooke
R. W. Wood
Ed. Hoffmann
Chas. F. Guillou
Gilb. Bates Ford
Thomas Reid

This 19th day of May 1856

FIG. 1.—Facsimile reproduction of the original petition of "Hillebrand and nine others, medical men," for a charter of incorporation.



CHARTER OF THE
"HAWAIIAN MEDICAL SOCIETY."

OFFICE OF H. H. M.'s MINISTER OF THE INTERIOR.

Whereas, On the nineteenth day of May, A. D. eighteen hundred and fifty-six, William Hillebrand, G. P. Judd, Geo. A. Lathrop, Robert McKibbin, T. C. B. Rooke, R. W. Wood, E. Hoffmann, Chas. F. Guillou, S. P. Ford and Thomas Welsh, for themselves, their associates and successors, did file in the office of the Minister of the Interior of the Hawaiian Islands, a petition in accordance with Act passed April 17th, 1856, "Relating to Corporations," asking for a Charter of Incorporation for themselves, their associates and successors, under the designation of the "Hawaiian Medical Society," for the encouragement and cultivation of medical science, and the advancement of the interests and usefulness of the medical profession.

Now therefore, I, Keoni Ana, H. H. M.'s Minister of the Interior, pursuant to the tenor of the aforesaid petition, in accordance with the Resolution of the King in Privy Council, bearing date May 19th, 1856, and in virtue of the authority in me vested by the Act aforesaid, do hereby create Wm. Hillebrand, G. P. Judd, Geo. A. Lathrop, Robert McKibbin, T. C. B. Rooke, R. W. Wood, Ed. Hoffmann, Chas. F. Guillou, Seth P. Ford, Thos. Welsh, and their associates and successors, a Body Corporate in law and in fact, and who shall have perpetual continuance under the name of "The Hawaiian Medical Society," with all the privileges and immunities secured to incorporated Joint Stock Companies by the Act aforesaid, and subject to all the provisions thereof.

SECTION 2. The said Society shall have a capital stock of one hundred dollars, with the privilege of increasing the same, at its pleasure, to an amount not exceeding five thousand dollars, to be divided into shares of ten dollars each.

SECTION 3. All the property of the Society shall at all times be liable for the just debts thereof, but no stockholder shall be liable for the debts of the Society beyond the amount of what may be due upon the share or shares held or owned by him.

SECTION 4. The said Society shall hold a meeting at least once in each year, at Honolulu, for the election of its officers and the examination of its affairs. In case there shall be no election of officers at such meeting, the old officers shall retain their offices until their successors are duly elected.

SECTION 5. The said Society shall, at its first meeting, elect a President, Secretary and Treasurer. Its other officers shall be such as the Society may deem necessary.

SECTION 6. In any suit against said Society, in any Court in this Kingdom, service upon the President or Secretary thereof, at the time such service is made, shall be deemed sufficient service upon the Society.

SECTION 7. It shall be the duty of the Secretary of the Society aforesaid, immediately after its organization, to cause public notice to be given by advertisement for not less than four weeks, in one or more of the newspapers published in Honolulu, of the limit of liability of the shareholders, as fixed by this Charter, and of the name of the President, Secretary and Treasurer chosen for the first year; and the Secretary shall also be bound, on each new election of the said officers, to notify the public thereof by advertisement in some newspaper.

Done at the Office of the Minister of the Interior this nineteenth day of July, A. D. 1856.

(Seal.) (Signed) KEONI ANA.

In compliance with the requirements of the above Charter, a meeting of the "Hawaiian Medical Society" was held on Wednesday evening, August 13th, 1856, and the following officers were elected:

DR. R. W. WOOD, President,
DR. CHAS. F. GUILLOU, Secretary,
DR. E. HOFFMANN, Treasurer.

And it was resolved that a Vice President be added to the organization of the Society, and DR. WM. HILLEBRAND was elected Vice President.

By order, C. F. GUILLOU,
17-4t Secretary.

FIG. 2.—**The original Charter of Incorporation of the Hawaiian Medical Society as published on the front page of *The Polynesian*, August 30, 1856.**

tablished in Honolulu, though the first artesian well was not drilled until 1880.

An act of the Hawaiian legislature had in 1855 authorized the establishment of hospitals on the principal islands "for the sick poor, being natives of this kingdom," and appropriated $5,000 for such hospitals at Honolulu and Lahaina. It took the personal efforts of Emma, the new young Queen, however, to bring this gesture to a successful conclusion five years later.

Frederick Hoffman, Statistician to the Prudential Insurance Company, speaking before the Medical Society of Hawaii in 1915, had this to say of the period:

> . . . it may be questioned whether a complete sanitary history of any community would be much more instructive and practically useful than a full account of the sanitary administration of Hawaii during the last sixty years. Not . . . all the credit for genuine progress belongs to the so-called civilized communities. . . .
>
> As early as 1862 an insane asylum was established in Hawaii and an appropriation of $7,000 was made on this account. In the same year the first Sanitary Commission was created. . . . In 1864 the Board passed the first official regulations for the burial of the dead; and on January 23, 1865, an act was passed to prevent the spread of leprosy . . . for 1866, out of a total [Board of Health] appropriation of $23,461.05 for two years, . . . 68 per cent was on account of this disease. In 1868 . . . a law was passed controlling the sale of poisons. . . . In 1876 the vital statistics of the Honolulu district were commenced . . . by 1890, the annual expenditures on account of health had increased to about $180,000 . . . [of which $120,000] was on account of the Molokai leper settlement. . . . In 1892 the enforcement of an earlier act to mitigate the evils of prostitution was turned over to the Board of Health.

Measles caused a second serious epidemic in 1860, in the same year that The Queen's Hospital, chartered the year before, was built and opened. In 1866, the Oahu Insane Asylum on School Street was completed. In 1870 an epidemic of unidentified fever occurred, followed in 1873 by the third smallpox epidemic. In 1880, typhoid fever was so prevalent that an inter-island conference of physicians was called to discuss the problem. In 1881 nearly 800 cases of smallpox occurred with almost 300 deaths; evidently compulsory vaccination had been permitted to lag a little, or perhaps revaccination had been neglected. In 1882, the first laws attempting to regulate the production of pure milk were passed. In 1889 and 1890, whooping cough and diphtheria were again epidemic.

Leprosy

Leprosy is not indigenous to Hawaii; it was not recognized here until the discovery of a case, near Honolulu, by William Hillebrand in 1853 — though Dwight Baldwin later recalled having seen a case in 1840. The Hawaiians early labelled it *mai Pake* (Chinese sickness), undoubtedly in reference to its being known in China and therefore familiar to Chinese here. It may have been brought here by sailors from Africa, India, Malaya, the Cape Verde Islands or Mexico, quite as easily as from China.

In 1863, Dr. Hillebrand officially drew the government's attention to the rapidly increasing number of cases of leprosy, and on January 3, 1865, the legislature authorized the establishment of a receiving hospital in Honolulu and an isolation settlement on Molokai for victims of the disease. In November of the same year, Kalihi Receiving Hospital opened its doors, and the following year the first patients reached Kalawao, on Kalaupapa peninsula on Molokai's north shore.

As mentioned elsewhere in this account, a generous share of the already generous allotment of funds for health purposes has been devoted from earliest years to the care of victims of leprosy: roughly 70 per cent of it for this purpose in 1865, and the same proportion in 1890; it still runs close to half the total expenditure for health.

The average case rate per year for the first twenty-five years was a little over 160; in the next fifty years it was just over 80. By 1931 it had fallen to 60, by 1941 to 30, by 1951 to a little over 20. Kalaupapa, once so dreaded that patients on occasion committed murder to avoid going there, is now so beloved that the 1955 legislature, at the patients' insistence, legally required the Department of Health to transfer any patient there at any time upon his own request!

Cholera Epidemic

Dr. Clifford Wood recalled in 1925 that the Medical Society of Hawaii had in 1894 directed the attention of the legislature to the unsanitary conditions prevailing around the old laundries near the King Street bridge across Nuuanu stream. The district had been given the name Aala (fragrant) by the Hawaiians, in jesting reference to the odors emanating from it.

Nothing was done to correct these conditions, and in the following year cholera was introduced into Honolulu from China. It came in the form of active cases among Chinese steerage passengers on the Belgic, which arrived August 9. The harbor waters—stagnant, alkaline, and heavily contaminated with sewage and refuse—became infected, and crabs feeding upon this infected material were believed to have been the means through which it spread, first to a native woman, and then to guests at a luau in her house. One of these secondary cases washed his clothing at the Aala laundries and infected the Nuuanu stream, and various rice and taro patches became contaminated in a similar manner.

Under the leadership of the medical men, the community turned to with a will and attacked the epidemic by a house-to-house case-finding program, isolation of cases, disinfection of premises and clothing, drying and burning of infected rice and taro patches, restriction of travel both in Honolulu and between the islands to holders of permits, and finally by widening, deepening and walling Nuuanu stream. Eighty-eight cases, 76 in native Hawaiians, occurred, with 63 deaths, between the onset of the epidemic in August and its end on October 3. Rigid quarantine and careful attention to the crews, cargoes and passengers of departing ships prevented any transmission of the disease to the Mainland. On December 20, 1895, Surgeon General C. C. Ryder of the Marine Hospital Service reported that "Honolulu is as free of cholera as though it had never been there." This was a bit optimistic, for cholera struck again in 1911, probably because of the still prevalent use of human excrement to fertilize vegetables.

Bubonic Plague

On December 12, 1899, a young Chinese bookkeeper died of an acute febrile illness which was shown at autopsy to be bubonic plague. The disease spread swiftly: four more cases were reported by nightfall of the first day, all in Chinatown, adjoining the business district on the northwest side. Here the Chinese not only worked, but lived.

Dr. C. B. Wood's account of the epidemic that followed, written in 1926, vividly depicts the appalling sanitary conditions that existed in Honolulu at the time. "Concealed behind the respectable appearing screens of the stores and shops," wrote Dr. Wood, "the Asiatic population had swarmed and burrowed and built and wallowed." A sanitary committee of prominent citizens appointed in 1912 to investigate conditions there reported, in part:

> . . . fresh meat is exposed for sale in shops within a few feet of which are cesspools reeking with filth and vermin from which come clouds of flies; . . . restaurants have cesspools with no other covering than the kitchen floors, into which cockroaches crowd by the thousands after a night of foraging over tables and dishes.

These were the "good" old days!

The quarantine was raised December 19, but the disease flared again Christmas Eve and Christmas Day. A total of 71 cases occurred, of whom 61

died. The community was badly frightened, and as the eradication of rats from these slum areas seemed utterly impossible by ordinary means, the worst part of the area was isolated and burned. A few days later another fire was started; it got beyond control in a high wind and burned the entire district to the ground.

Two important health institutions in Hawaii today had their inception in the fright given Honolulu by this plague epidemic. One was Victoria Hospital, established in 1900 and moved to Kaimuki and renamed Leahi Home (later Leahi Hospital for tuberculosis) in 1902. The other was the remarkable and unique Public Health Committee of the Honolulu Chamber of Commerce, formed some years later to supervise the expenditure of the Shipper's Wharf Fund, the collection of which was begun voluntarily by importers in 1900 to provide ready funds wherewith to combat any threat of an epidemic. Collection of this fund was not discontinued until 1950, when it amounted to nearly half a million dollars. No expenditures have ever been made from it for the originally specified purpose, but the income from it has been carefully and wisely spent over the years for a variety of closely related (and for a time a few not-so-closely related) purposes.

In summary, I quote from Dr. Hastings Walker's account of the history of tuberculosis in Hawaii:

> One cannot . . . but be impressed with the fact that health consciousness was awakened at a very early stage in Hawaii, frequently preceding that of many other communities throughout the world, and that there were intelligent minds, medical and otherwise, who applied themselves with the utmost diligence in the fight against disease. . . . The fact that Hawaii has always been health conscious stems from necessity and this determined attitude has left a profound imprint, as is attested by the fine state of health in the community today. A recent visitor to the Islands, Dr. Howard Rusk, is the last of many who have paid tribute to the excellent state of health in Hawaii.

Medical Association of Hawaii

In 1890 the handful of physicians then practicing in Honolulu (the population had increased by only 20,000, to a total of 90,000, just a little above the 1840 level of 84,000) began under the influence of the dynamic Dr. John S. McGrew to meet informally in Dr. McGrew's offices, located where the Alexander Young Hotel now stands. In 1892, Dr. McGrew was elected President of this group, an office he was to hold through 1897.

In 1895 the new organization—which evidently knew nothing of its roots in the past—printed the "Constitution and By-Laws of the Medical Association of Hawaii." Article III of the Constitution adopted the Code of Ethics of the American Medical Association, and Article IV required all members to be graduates of a chartered medical college recognized by the American Medical Association—despite the fact that Hawaii was still independent of the U.S.A., for annexation did not occur until July 6, 1898! Officers elected in May, 1895 were Dr. John S. McGrew, President; Dr. H. W. Howard, Vice-President; Dr. R. P. Myers, Secretary; Drs. N. Russel and L. F. Alvarez (father of Dr. Walter C. Alvarez), members of the Executive Committee.

Earliest Minutes

The earliest meeting of the Medical Society of Hawaii for which minutes can be found was that of January 3, 1913. President J. S. B. Pratt presided and Drs. Rogers, Nottage, Sinclair, Murray, Hedemann, Hobdy, Jackson and Morong were in attendance.

A remarkable list of recommendations to the legislature was drawn up at this meeting, concerning vaccination, the sale of poisonous drugs, protection of mosquito fish, water supplies, school construction, amendments to the Sanitary Code, abolition of wet agriculture, ratproofing of buildings within half a mile of the waterfront, desirability of a child labor law, and Civil Service status for Board of Health employees. Dr. Hobdy was unanimously confirmed as A.M.A. Delegate.

In July, 1913, two members of the Society were instructed to stop advertising in a local newspaper. They apparently complied.

In 1914, a committee was appointed to make recommendations regarding health certificates for school teachers, because two tuberculous teachers had recently been given such certificates by local practitioners.

The Workmen's Compensation Act, recently enacted, was to have been discussed at a special meeting in August, 1915, but no officers were present, so the discussion was postponed. In October, it was objected that the fee schedule for services performed under the Act had been compiled without consulting the doctors, and in December the members voted for the adoption of an official fee schedule.

At the annual meeting, in November, 1915, the removal of tuberculous cattle from dairy herds was urged, and a resolution was passed advocating water purification.

World War I

In April, 1917, the Society's services were offered "individually and collectively" to the General commanding the U. S. forces in Hawaii. Concern manifested the previous year over inroads being made by Army doctors into civilian practice was allayed in May by a ruling forbidding Army

doctors to treat civilians "except in emergencies." In September, a resolution was passed to the effect that one-third of all fees for care rendered to patients of doctors away in the Army be turned over to those doctors or to their representatives.

War hysteria touched Hawaii in mid-1918, for the Society voted to drop all "alien enemy members" from membership. It does not appear whether there were any such, however.

Miscellaneous Concerns

In 1920, the Chamber of Commerce asked for and received the Society's support in moving for a bond issue for sewer improvements.

Concern over a medical library was still alive, and an assessment of $10 per city member and $5 per country member was passed to finance book and journal purchases, on motion of Dr. Howard Clarke.

No fee schedule had been presented for adoption as yet, but in April, 1921, a fee of less than $5 for microscopic examination of urine specimens for insurance companies was voted unethical.

Concern with Community Problems

In January, 1923, a committee was appointed (at George Armitage's request) to work with the Hawaii Tourist Bureau to promote a post-convention tour to Hawaii following the A.M.A. meeting in San Francisco.

Concern with the public health and welfare manifested itself at this time in an invitation to August Vollmer of Berkeley, the criminologist, to come to Hawaii and talk on criminology and on the desirability of having a qualified Medical Examiner on the staff of the Police Department.

A fee schedule, however, was still only a bright dream; its adoption was again recommended in mid-1923.

The second manifestation of concern over purity of milk supplies occurred at this time: a forthright resolution was passed and published condemning by name those dairies purveying dirty and unpasteurized milk.

In January, 1924, a bill of $70 for Christmas cigars for traffic policemen was approved without comment!

Emergency Hospital

In February of that year, the Society urged that the "Emergency Station" be transferred (apparently from the Police Station) to the "new emergency room at The Queen's Hospital" in order to avoid nuisance to the injured, delay in hospitalization, inefficient treatment, and repetition of costly building construction. The plea evidently fell on deaf ears, for it was repeated in June.

In January, 1925, the problem was compromised by an agreement that all severely injured cases would be sent directly to The Queen's Hospital for care.

Pan-Pacific Surgical Congress

In April, 1925, at the Society's "Thirty-fifth" Annual Meeting, Mr. Alexander Hume Ford broached to the Society his plan for a Pan-Pacific Science Congress—the plan that later culminated in the triennial Pan-Pacific Surgical Congresses, begun under the guidance of Dr. F. J. Pinkerton and the late Dr. F. J. "Pete" Halford.

County Societies Established

Olin West, Secretary of the A.M.A., had several times urged the Society to end its anomalous combined County-and-Territorial status, and reorganize in a more orthodox fashion. Drs. Pinkerton, Van Poole, and Sinclair were largely instrumental in convincing the members that this should be done. At this 1925 annual meeting, they accomplished the desired change, and the Hawaii Territorial Medical Association and the Honolulu County Medical Society began, under the Presidencies of Dr. Clifford B. Wood and Dr. Gideon Van Poole, respectively. Dr. Forrest J. Pinkerton became Secretary of both organizations.

Neighbor Island Meetings

It was in 1927 that the first suggestion was made by Drs. Hodgins and Sinclair that the new Association meet on the neighbor islands once in three years, in rotation, a practice which was begun in the following year and has been continued ever since. The initial meetings in 1928 were held on board the S.S. Matsonia, and two days later in the Hilo Hotel on the island of Hawaii.

Public Health

Public health was a matter of concern to the organization; in 1928 a resolution was passed, and published, stating that since 42 of the 44 deaths due to diphtheria in the previous year had occurred in children under 9 years of age, the public would do well to take more advantage of the availability of toxin-antitoxin, then preferred to toxoid for immunization against diphtheria.

In 1930, the new medium of radio broadcasting was discussed, and the Association made an effort to regulate broadcasts by doctors. They required that all papers to be broadcast be edited by at least two members of the Council, and announced as sponsored by the Association. It does not appear that this measure was particularly successful.

In 1931, Dr. N. P. Larsen put the Association on record as favoring "intelligent birth control," and in the following year they sponsored a bill for



FIG. 3.—*Hale Akala*—"The Bungalow"—about 1893, some twenty years before it became the first official quarters of the Hawaii Territorial Medical Association.

eugenic sterilization, which was defeated in both houses.

H.M.S.A. and a Cancer Society

In 1935, "An insurance scheme for school teachers and social workers"—now the Hawaii Medical Service Association—was outlined to the Association by one of the Honolulu delegates, Dr. Stewart Doolittle.

In the same year the Association's Cancer Committee under the chairmanship of Dr. Grover Batten joined with the Honolulu chapter of the American Association of University Women, with financial assistance from the Honolulu Chamber of Commerce, to form the Hawaii Society for the Control of Cancer. The latter, though short-lived, led eventually to the formation of the Hawaii Cancer Society a few years later.

Postgraduate Lectures

In 1936, Dr. Max Cutler of Chicago was brought to Hawaii through the cooperation of the Territorial and Honolulu County Cancer Committees, at the expense of the Public Health Committee of the Chamber of Commerce, to address the annual meeting and to give a series of talks on cancer. This was apparently the first of the annual postgraduate lecture series, which have been continued under the auspices of the Honolulu County Society. The following year, Dr. Fred Adair of Chicago was invited, and spoke on Obstetric Hemorrhage.

Permanent Headquarters

In 1914, several members expressed reluctance to continue to meet each month in the University Club, feeling the need of a proper meeting place of their own. They asked Governor Pinkham to make space available for them in a building on the Palace grounds, at the corner of Richards and Hotel Streets, known as The Bungalow (Fig. 3). This had been built about 1880 as an informal residence for King Kalakaua and Queen Kapiolani, and was originally known as Hale Akala ("Pink House"). During the Spanish-American War, it had served briefly as an officers' club, and later as a National Guard Armory.

It must have stood vacant for some years at this time, for Governor Pinkham referred to it as "a poor excuse for a building." However, he had the Superintendent of Public Works paint and paper a hallway and two rooms in it for the use of the Medical Society. The Society's members, he said "deserve recognition by the government, for they have in many instances been unselfish and self-sacrificing in behalf of the public, and, further, perform no end of charitable acts."

In May of the same year, The Bungalow was connected "to the circuits of the Hawaiian Electric Company," and shortly afterward, a telephone was installed.

Less than a year later, in February, 1916, the long-anticipated move to The Queen's Hospital (Fig. 4) was made, and there the Society's headquarters remained until the completion and oc-



FIG. 4.—The Queen's Hospital as it looked in 1916. The old Pauahi Wing (1904) is at the left, and the older "Native Wards" (replaced by the Nalani Wing in 1923) at the right. The lanai between was the entrance to the room occupied by the Medical Association, immediately behind the room with the bay window, center.



FIG. 5.—The Mabel L. Smyth Memorial Building, headquarters of the Medical and Nurses' Associations and the Charles R. Adams Memorial Library since 1940. Note grille over doorway, the source of the JOURNAL'S cover design.

cupancy of the Mabel L. Smyth Memorial Building (Fig. 5) in 1940.

Preparations for this building had begun in 1936, when the Nurses Association conceived the idea of a permanent memorial to Mabel L. Smyth, a greatly beloved public health nurse who died in March of that year. Funds were collected by public subscription, and the building was completed and occupied by the medical and nursing organizations in 1940.

Incorporation

In 1940, official notice was taken for the first time of the fact that the name of the Hawaiian Medical Society had been "through inadvertence" changed from time to time without recourse to proper legal forms for such change, and that its records "had been imperfectly preserved and kept" —an understatement so far as records from 1856 to 1913 were concerned. Measures for properly amending the old charter were outlined by legal counsel, and approved at this meeting.

On March 29, 1941, Drs. Paul Withington (President), A. L. Craig, Gardner Black, Arthur Hodgins, Douglas Bell and Thomas Keay—with the help of 75 proxies—convened the Hawaiian Medical Society for the second and last time, and changed its name legally to the Hawaii Territorial Medical Association on the original, still valid charter.

World War II

Early in 1941, at the instigation of the U. S. Army, the Honolulu County Medical Society elected a Preparedness Committee, consisting of Dr. H. L. Arnold, Sr. (Chairman) and Drs. James R. Judd, Paul Withington, F. J. Pinkerton, Nils P. Larsen, Robert Faus and J. E. Strode. Under the direction of Dr. Faus, who was shortly called to active duty as a Major in the Army, and Dr. Arnold, who accepted the volunteer position of head of the Emergency Medical Services under the Office of Civilian Defense, a city-wide system of nearly thirty first aid stations was established. Each was headed by two physicians and staffed by a dentist, head nurse, supply clerk, clinical clerks, litter bearers and first aid workers. Equipment was furnished largely by the American Red Cross. Major Faus directed a vigorous training program for these units.

All members of the Society were assigned to specific "disaster posts" in aid stations, local hospitals or military hospitals by Dr. Strode. The Army assigned Colonel Clarence Fronk to act as liaison officer between their organization and the Office of Civilian Defense.

At about the same time, through the efforts of Dr. Eric A. Fennel and Dr. F. J. Pinkerton and Dr. John Devereux, a civilian blood bank was established and a store of blood plasma accumulated.

Commercial firms made available to the committee a fleet of over 80 vehicles suitable for conversion into emergency ambulances, and an ambulance corps, the WASPS (Women's Ambulance Service Patrol) was formed and trained to operate them.

Dr. John Moorhead of New York, the noted authority on traumatic surgery, was brought to Honolulu in December to give a series of postgraduate lectures on traumatic surgery. He had barely begun his second lecture, on the morning of December 7, with a Biblical quotation: "Be ye also ready, for in the hour that ye know not, the Son of Man cometh," when a call came from Tripler General (now Tripler Army) Hospital notifying the doctors that we had been attacked and urgently requesting the assistance of civilian surgeons for the handling of war casualties resulting from the Japanese attack on Pearl Harbor.

Doctors reported en masse to their assigned posts of duty with aid stations, at the Sacred Hearts Emergency Hospital, and at Tripler. Those assigned to Tripler worked steadily for nearly two days caring for military casualties. The emergency ambulances were assembled and converted within the hour, and many carried injured military personnel. Only one aid station treated casualties, probably resulting from our own antiaircraft shells, some of which detonated on impact with the ground.

The Blood Bank went into action immediately. On the first day, it loaned 113 units of blood and 200 of plasma to the Army and Navy, and started drawing blood from volunteer donors to fill future needs. This institution, now incorporated, is known today as the Blood Bank of Hawaii. Dr. F. J. Pinkerton is still its Director.

The effective response of the medical profession to this emergency demand was a striking tribute to their individual courage and determination, no less than to their careful planning for organized action. It was forcefully recognized by U. S. Army Surgeon General Norman Kirk in a public talk he gave a year or two afterward at Kamehameha School annex of Tripler Hospital. In conclusion, he said, he would like "to pay tribute to the doctors of Honolulu for the magnificent job they did on December Seventh—when they were ready for it and we weren't!"

For further details of this exciting period, the interested reader is referred to Volume 1, No. 3, and to Volumes 6 and 7, of the HAWAII MEDICAL JOURNAL, where they are detailed in a series of articles written by actual participants and edited by Dr. Steele Stewart, entitled *Reminiscences of December Seventh.*

Legislation

In 1943, the House of Delegates vigorously opposed the lowering of requirements for the Executive Officer of the Board of Health, and reiterated their opposition—which had also recently been expressed by the Honolulu County Medical Society—to the one-year residence requirement for medical licensure.

New Executive Secretary

In 1944, Mrs. Elizabeth Bolles, the Executive Secretary of the Association since 1938, left for special studies in public health on the Mainland, and was replaced by the Association's present Executive Secretary and Managing Editor of the JOURNAL, Mrs. Edith C. Bennett.

The "P.R." Era

In 1947, under a threat of socialization of medical practice both on the Mainland and here, the Medical Economics Committee of the Honolulu County Medical Society proposed a public relations program, which the Territorial Association adopted. It was to be financed by a $75 per capita annual assessment, and involved the employment of a public relations firm to conduct the program for a fee of $7,500 for the first year. The Delegates also authorized, for the first time, payment of the expenses of our Delegate to the American Medical Association. It was also proposed to employ an Executive Vice-President and a Public Relations Director, but it proved impossible to fill these positions.

In January, 1948, following widespread criticism of their method of issuing an unsigned questionnaire, the public relations firm resigned. The Medical Economics Committee was authorized to carry on a modified public relations program. The question of further $75 assessments was ordered submitted to referendum. The 1946 and 1947 assessments were approved, but the one for 1948 was defeated by a vote of 137 to 107. A second referendum for an assessment of $26 per member was approved, 182 to 72.

HAWAII MEDICAL JOURNAL

Printing and publication of the annual transactions of the Association had been customary since about 1900, usually with a bit of grumbling about the cost. At the first neighbor island meeting, in Hilo in 1928, Dr. Rufus Hagood suggested a quarterly publication which could include these and other matters as well. No action was taken, and the matter was not revived until 1933, when there was general agreement that a publication of some sort should be attempted.

At the annual meeting in 1934, the secretary was ordered to obtain cost estimates on a publication; there is no record that these were obtained. They may have been discouragingly high.

In 1938 the secretary—now fortified with a full-time Executive Secretary, Mrs. Bolles—was authorized to issue a monthly mimeographed bulletin, and at the 1939 annual meeting, he announced that five issues had been published, at a cost of $120. Sporadic publication continued until October, 1940, when it began to be published

monthly. It ranged from 16 to 26 pages and cost about $960 per year.

It was learned on inquiry that this sum, plus advertising revenues and the saving effected by not having to print the transactions of the annual meetings, would come close to covering the cost of six printed issues each year. The House of Delegates therefore ordered in 1941 that the *Bulletin* be printed every two months, with commercial advertising and a "definite editorial staff."

Dr. Douglas B. Bell, who had been supervising the editing and publishing of the *Bulletin,* was appointed editor of the new journal, but before publication was begun he felt it necessary to resign because of the likelihood that he would be called into military service. Dr. Harry L. Arnold, Jr., agreed to take on the job, to which he has been reappointed annually ever since.

Publication of the HAWAII MEDICAL JOURNAL was begun with the September-October issue of 1941. The first five issues, printed by Watkins Printery, cost an average of $500 apiece, of which only $300 was defrayed by advertising. Costs of publication were defrayed in token at least by crediting against them the many medical journals received in exchange, and the many new books received for review and donated to the Charles R. Adams Library of the Honolulu County Medical Society.

In 1946, Mrs. Helen Gage suggested that the Nurses Association's publication, the *Inter-Island Nurses' Bulletin,* be incorporated into the JOURNAL, and this was done. It was felt that members of each organization would find it interesting and helpful to know what members of the other were doing and thinking; and this proved to be the case. The move also substantially increased the circulation of the combined publication and put it on a much firmer financial footing.

By 1948, increased revenues from both national and local advertisements enabled the JOURNAL to show a cash profit of nearly $1,000 (exclusive of salaries), and it has been able to stay in the black ever since.

Honolulu County Rebels

An attempt by the Territorial Association in this same year to establish a uniform Territory-wide fee schedule was rebuffed by the Honolulu County Society, which rejected the plan despite its approval by their Territorial Delegates and drew up its own schedule of fees for Workmen's Compensation cases.

The Honolulu County Society successfully moved at the 1949 annual meeting of the H.T.M.A. that two meetings of the House of Delegates be held each year. They also permanently severed the connection of the Territorial organization's Executive Secretary with the Honolulu County organization, of which she had previously been the part-time Secretary. It had been a fairly stormy year!

A significant result of the 1948 maneuvering was to define somewhat more narrowly the scope of influence of the Territorial Medical Association. It lost some of its authority to the County Societies, and settled down more or less to providing a common meeting ground for the discussion and solution of their mutual problems, and a link between them and the American Medical Association. The line of demarcation between Honolulu County and the parent society became sharper: they ceased to share secretarial services, and purchased separate Chamber of Commerce memberships. The Honolulu County Society first established its own legislative committee in 1948.

Grievance Committee

In April, 1948, the Honolulu County Medical Society established a Grievance Committee to receive and investigate complaints of patients. Early in 1954 this committee was combined with the old Committee on Forms of Medical Practice into an elected committee known as the Medical Practice Committee.

During 1949 and 1950 the Health Education Committee, under the chairmanship of Dr. Marie Faus, experienced a resurgence of activity and accomplishments which has continued under subsequent chairmen. Monthly television programs were begun in 1953 under Dr. Katherine Edgar's chairmanship, and have been continued to date. The Public Service Committee, under Dr. Frederick Giles, was begun in 1949 as an outgrowth of the old Public Relations Committee, and carried on a vigorous program despite lack of adequate financing.

"Hawaii Medical Association"

In 1953—well in advance of the long-pending status of Statehood for Hawaii—the Association's name was formally changed to "Hawaii Medical Association," dropping the word Territorial. At the same meeting, the President-elect (an office created eight years before) was made an active, voting member of both the Council and the House of Delegates, and the Secretary and Treasurer were assigned two-year terms starting in alternate years. The required interim sessions of the House of Delegates, having proven impractical, were made optional at the discretion of the President or on request of three Delegates.

Post-A.M.A. Tour

A special summer meeting of the Association was held in 1954 following the A.M.A. meeting

in San Francisco. It was attended by 294 Mainland physicians and their wives, including a number of officers of the A.M.A. and various state medical associations.

Bureau of Medical Economics

In 1954 the Honolulu County Medical Society incorporated the Bureau of Medical Economics, dedicated to the proposition that no patient on this island need go without medical care because of inability to pay for it. Mr. Richard M. Kennedy was employed to head it and also to act as Executive Secretary of the County Medical Society. The Bureau operates a medical fee collection agency for any Society members who care to make use of its facilities, which two-thirds of them were doing by the end of the first year.

Workmen's Compensation

A Workmen's Compensation Act was passed in 1914, and made progressively more liberal at every legislative session since that date. It allowed free choice of physician by the employer, but not as a rule (except in the case of a few comparatively liberal employers) by the injured or ill workman. In 1948, the desirability of extending the principle of free choice of physician (long espoused by the Honolulu County Medical Society) to Workmen's Compensation cases was urged, principally by solo general practitioners. Various considerations, including the problem of the large sugar and pineapple plantation interests, combined to defeat an amendment to this effect in the Legislatures in 1949 and 1951; in 1953 it was opposed by the Medical Society as well; in 1955 it was again opposed, but only on the ground that a voluntary compromise, worked out by a specially appointed Governor's committee, seemed likely to achieve the desired result without legislative coercion. However, the legislature passed an amendment permitting the industrially injured or ill workman, subject to certain general limitations, to obtain medical care from the physician of his own choice under the Workmen's Compensation Act.

1856 — 1956 — 2056?

This cursory glance at the growth of the Hawaii Medical Association has taken no account of a multitude of details; rather, it has tried to sketch in broad strokes the general pattern of growth of an active community organization with a highly developed sense of responsibility to its component societies, to its members and to the community they serve. Throughout its century of existence, its members have maintained a standard of medical competence which has been praised again and again by competent and impartial observers from the Mainland United States.

Those interested in the details of the Association's activities in the past decade and a half can find them by reading the Annual Meeting Transactions in the HAWAII MEDICAL JOURNAL, where they have been published each year since 1942.

The past ten years, of the thirty years during which the Association has had component County Societies, have served to pretty clearly define the structure and functions of the Territorial organization. It would be naive, however, to suppose that it is now permanently crystallized and incapable of further change. It is a living, active, growing organization, now numbering 530 active members; it will continue to grow as Hawaii grows, and the next century may well hold changes greater than those we have recounted here.

*Forsan et haec olim meminisse iuvabit!**

1020 Kapiolani St.

Bibliography

1. Annual Report of the Supervising Surgeon-General of the Marine Hospital Service of the United States for the Fiscal Year 1896, Washington Government Printing Office, 1896, pp. 374-376.
2. Halford, F. J.: Nine Doctors and God, University of Hawaii Press, Honolulu, 1954.
3. Hiscock, I. V.: Public Health in Hawaii, 1950, HAWAII MED. J. 10:99 (Nov.-Dec.) 1950.
4. Hoffman, F. L.: The Sanitary Progress and Vital Statistics of Hawaii, Newark, Prudential Press, 1915.
5. Kuykendall, R. S.: The Hawaiian Kingdom, 1778-1854, Honolulu, University of Hawaii Press, 1938.
6. Ibid., 1854-1874, Honolulu, University of Hawaii Press, 1953.
7. Minutes of the Hawaiian Medical Society, Hawaii Territorial Medical Association, and Hawaii Medical Association, 1913-1956.
8. Report of the Sanitary Commission to His Excellency, The Honorable W. F. Frear, Governor of Hawaii, Honolulu, 1912.
9. Walker, H. H.: Tuberculosis in Hawaii, Am. Rev. Tuberc. 68:839 (Dec.) 1953.

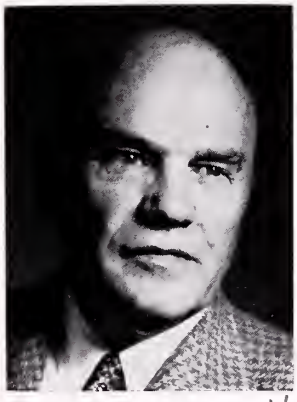
* Perhaps some day it will give us pleasure to remember these things. VIRGIL: *Aeneid*.

100 Years of Plantation Medicine

NILS P. LARSEN, M.D.,* Honolulu

The story of rural medicine in Hawaii is written largely in the records of plantation physicians—and it is one in which they, and all Hawaii, may well take pride.

THE SUGAR industry of Hawaii in 1955 celebrated its 120th anniversary. The medical care at the beginning was given by missionary doctors who took care of workers more or less incidentally as they took care of the general population of the countryside. The missionary doctor did his medical work largely in the hope that this might bring the Hawaiians into the fold of Christianity. The last company of missionaries came to Hawaii in 1849, only seven years before the doctors requested a charter for a medical organization. Dr. Gerrit P. Judd, one of those making the request, was one of the most outstanding and best known of the missionary doctors.



DR. LARSEN

In 1882 the earliest direct quote about plantation medicine came from a Chinese laborer who arrived in that year.[1]

> His first impression of the plantation camp was very sad. Where he had expected to see a roomy place, he found himself in a crowded camp house. They slept in double decker beds, 24 to each room. The meals, however, were very good, and they had pork about once a week. Otherwise the meals consisted of the different Chinese dishes like beef cooked with vegetables, salt fish, etc. They worked from 6 a.m. to 5 p.m. on weekdays and on Saturdays until 4 p.m. Wages for the contract men (three years) were $12 a month. Since our hero had experience with oxen and plows in China, he received a dollar a day. . . .
>
> The cost of living was very cheap, about $6 a month for food. A bag of rice (100 lbs.) cost $3; salt fish, $1; and 25¢ for a dozen eggs. Bread was 8¢ a loaf, and this was bought only about once a month when someone went into town. Taxes to the United States government were $5 a year, which was the same amount that had been paid under King Kalakaua's rule. . . .
>
> After working 12 years in Hawaii, our hero accumulated enough money to send for a picture bride from his boyhood village in China. He had his picture taken in Honokaa and sent this to the girl's family, whom he had written to ask if they had a single girl. He received in return her picture and, the hope that she might come. The reply being favorable, he made arrangements with the immigration office regarding his bride-to-be who had been a little girl when he left China. They sent the necessary papers to China and in due time she arrived accompanied by the papers and was admitted. She was sent to Honokaa and there became his wife. . . .
>
> . . . In their little two room house, which was all they were permitted in the early days, 12 children were born without a doctor in attendance. The husbands always helped at the births, and three days later they went to the plantation doctor to report the birth and get a certificate. It was considered a great shame to have a doctor at the time of birth. Also, the plantation doctor lived far away and never came to the people's homes. . . .
>
> As to illnesses, he remembers his children having boils and measles. He also remembers a smallpox epidemic when many died, but he remembers worse epidemics in Hongkong. There was an influenza epidemic which killed many, and occasionally some died of bubonic plague. . . .
>
> He had no recollection of surgery or accidents, but for a fracture he remembered pulling the bone in place and then applying herbs. Eventually the fracture grew together, but after healing the boy continued to limp. There was no hospital, nor did he know of anyone going to a hospital in the early years. . . .
>
> . . . He thinks that the government doctor at Paauhau took care of the people of several plantations. Later he remembered that each plantation had a hospital close to the manager's office, but he never went to the hospital. He heard others say both good and bad things about the hospital. He remembers undergoing no physical examinations.
>
> Beri-beri was quite a common illness, and he remembered a number of people who suffered with swollen feet. When men had it, they felt very weak. . . .
>
> Conditions in general were very much better for him in Hawaii than they would ever have been in China. He had never had regrets about moving here. . . . Most of the bosses were fair, and he doesn't think there is any place in the world like Hawaii. It gave all the children a better chance than they would have had in China.
>
> Now 11 children are living as prosperous American citizens. Some of them have gone through high school. Some are teachers, others are successful busi-

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[1] Larsen, N. P.: The Forgotten Man of Hawaiian Sugar, Plant. Health 14:3 & 14:16 (Oct.) 1950.

ness men. They live in commodious, comfortable homes. There is a great family camaraderie and a healthy spirit of happiness. . . .

In 1888, Doctor Walter Alvarez's father came as a doctor to Hawaii. He lived at Waialua and was the only physician from Kaena Point to Kaneohe. Medicine was quite primitive. There were no hospitals within reach of the small plantations then in operation. The only public hospital in Hawaii for many years after 1859 was The Queen's Hospital. Until about the turn of the century that was still largely a boarding house for the poor sick. Dr. Alvarez saw his father operate on patients lying on the kitchen table with the local minister impressed to give the anesthesia. At that time, if a patient was so sick he could not be taken care of in his home, a plantation cottage was used to house him.

In 1894, there is a note in The Queen's Hospital Board of Trustees' records to the effect that one of the house doctors was having great success with treating a peculiar illness that affected plantation workers with symptoms of weakness and with greatly swollen legs. This, we now know, must have been beri-beri. The change in diet on coming to the hospital probably resulted in the cure. The report indicated, however, that in those days very sick plantation patients were sent to The Queen's Hospital.

Early in 1900, there is a report of the building of the first plantation hospitals. On Maui at Puunene, at Lihue on Kauai and on Hawaii, the Pepeekeo Hospital (1910).

The late Dr. Fred Irwin, who came to Hawaii in 1903, reported as follows:[2]

> . . . The hospital situation during the first three years of my practice on Hawaii could very easily be described because there were no hospitals.
>
> The three plantations for which I was physician and surgeon had no hospital, the same being true of the three plantations on either side of my district. The same was true of every other plantation and political district on the Island of Hawaii up to as far as I can remember, about 1910, when a hospital was built at Pepeekeo for three plantations, Honomu, Pepeekeo and Onomea. . . .
>
> . . . Strange as it may seem, also stranger to relate, there did not seem to be so many emergencies in those days as at present. The plantation populations were much smaller, which of course would only make a relative infrequency. I do not, during the three years I was on the Hamakua Coast, remember having done three appendectomies. . . .
>
> Traumatic surgery was taken care of almost where it happened—such as, for instance, the amputation of both hands just above the wrist joint, the patient having had both hands rolled flat in the mill rollers. The anaesthetist for this job was the plantation bookkeeper, the operating table a door taken from the patient's quarters where he lived with his wife, and the light, an ordinary lantern.
>
> Of course, this and a few others were extreme cases that stick out in one's memory as very unpleasant experiences, notwithstanding the fact that I was young, chock full of youth and vigor, with the usual *know it all* feeling of nearly all young doctors. I do not decry this feeling; my only regret is that it does not last long enough. . . .
>
> In extreme emergencies, the patients were removed to the Hilo Hospital over very rough roads by improvised ambulance, for at that time there was not a real ambulance on the Island of Hawaii. The distances ranged anywhere from fifty to one hundred miles.
>
> The Hilo Hospital was an old dwelling house converted to hospital purposes and, judging by the idea of hospitals we have at present, it was a hospital in name only. . . .
>
> The situation as regards hospitals on the Hamakua Coast was still the same when I left there to be physician and surgeon to a plantation in the District of Puna just adjacent to the Volcano area. While there was a building there called a hospital, and there were some few patients, it hardly deserved the name of hospital.
>
> This institution had a bed capacity of twenty at that time. The facilities for taking care of patients were very crude. Nevertheless, it was a place where one could do a fairly clean bit of emergency surgery.
>
> There was not a mosquito screen on one window in this hospital, the beds were all made of wood, and the mattresses were stuffed with hay brought up from the stables in bales. With no plumbing of any sort, the place used privy vaults. These teemed with flies that spread infection to the roofs from which it was washed by rain into the water tanks. Thus the vicious circle was maintained. . . .
>
> Typhoid fever was running wild at this time, 1906 and 1907. In a period of four months, shortly after coming to the district, 108 cases of typhoid fever were cared for in this so-called hospital, with one orderly and two maids, and an occasional helper from the family involved.
>
> In this respect I might state that my brother Dr. Archer Irwin (left the islands in 1908) and myself were the first to point out to the Board of Health the importance of fly control as the first step toward reducing the high morbidity of this infection. . . .
>
> In 1930 or thereabouts Hakalau Plantation Company built a well equipped hospital, and around 1935 Laupahoehoe Sugar Company also built a 25 bed institution. . . .
>
> One of the great mistakes of the industrial folk is that they build quite a complete hospital, provide it with pretty nearly everything that one could ask for in the line of equipment, and then understaff it. The industrialist appears to think that if a hospital is provided, one doctor and one nurse are all that is required to give complete medical and surgical service. . . .

The following was reported by Dr. L. L. Sexton:[3]

> . . In 1909, fresh from an internship at The Queen's Hospital, and before I had learned to speak or

[2] Irwin, F.: Thirty-seven Medical Years in Hawaii, Plant. Health 5:2 (Oct.) 1940.

[3] Sexton, L. L.: Forty Years A Plantation Physician, Plant. Health 13:13 (July) 1949.

drink Scotch, this pioneering medicine was both an adventure and a challenge. . . . My total lack of experience outside a hospital caused me no end of concern. Transportation was by horse and buggy over muddy, frequently impassable, roads. The saddle bag, filled with my total armamentarium, was always ready in the buggy so that I could mount a mule for a trip into the foothills to see what?—a delivery, ruptured appendix, strangulated hernia, extraction of an aching tooth. Operation—a must. How? Easy. A five gallon oilcan, build a fire; instruments sterilized. Local preparation—soap and water—old rags soaked in strong lysol as drapes. Anesthetic—chloroform, easy to carry. Anesthetist—mama *san,* trained on the spot by hand signals. There is nothing new in the world. We practiced early ambulation in those days. Manual extraction of a retained placenta, temperature 103. "Hoe *hana hana*" the next day, bowing and hissing her thanks as I passed by. Not my skill, but the grace of God.

It is a far cry from plantation medicine in those days to what the young intern of today finds as he chooses to engage in this work. . . .

. . . At first, only the most desperate maternity cases could be induced to enter a hospital for delivery. While the results were an improvement over home deliveries in this type of case, they left much to be desired. As hospital practice improved—when infectious cases were no longer placed side by side with maternity cases, when separate maternity wards were provided with nurseries for the babies, —results dramatically improved. From then on, it was less difficult to persuade patients of the advantage of hospital deliveries.

Now, forty years later, it was an inspiration to visit plantation hospitals throughout the Territory and find them equipped with the latest equipment, including x-ray and laboratory facilities, and able to secure life-saving blood and blood products in an hour's time, as well as the services of various specialists almost at a moment's notice. . . .

. . . Sanitation, housing, preventive medicine, and the excellence of general, medical and surgical care have resulted in the lowest morbidity and mortality records to be found in any similar location in the world. This record of excellence has been attained only through the loyalty, self-sacrifice and devotion to duty found in our plantation physicians. The life of a plantation physician is a hard one. Isolated for the most part from the advantages of association with medical centers and colleges, he has to rely greatly upon his own resources and ingenuity. . . .

Dr. William T. Dunn reported in 1938 on twenty-three years of obstetrics on plantations of Hawaii, as follows:[4]

. . . On Kauai I had no hospital facilities for obstetric cases (around 1915) and practically all the work was done in the home by midwives and doctors. We gave prenatal care, and at the time of delivery, the expectant mother called a doctor or a midwife. The older generation of Japanese women considered it a disgrace to call a doctor for the ordinary delivery . . . most cases being delivered on the floor or on the kitchen table since no beds were available.

The Filipino women had their own customs, a male midwife usually officiating. Another very important factor with both nationalities is the question of expense. Most of these women have large families, and while they do not have to pay for hospital and medical expense their husbands have to stay home from work and look after the children while the wives are in the hospital. On delivery in the home, the wife can, with the help of older children, supervise the housework and see that the younger children are not neglected. The husband can go to work, thus saving the loss of wages incident to hospitalization. This also accounts for the short hospitalization of these patients, the average being about six days.

. . . Looking back over the records of one hospital during the past twenty years, I find that in 1915 thirty cases (obstetric) were hospitalized. A progressive increase in the cases hospitalized (on the same plantation) occurred up to 1937, when 160 cases were delivered in the hospital.

This improvement represents a lot of work by doctors, public health nurses, and plantation nurses. . . . The outside Islands are all to be classed as rural communities, and in no other place in the world are the laboring classes given unlimited medical service as they are on plantations.

It takes the combined efforts of the doctors, plantation nurses, and welfare nurses to overcome racial customs and practices and convince those peoples that the hospital is the best place to have their "Blessed event" occur. The newer generation takes it as a matter of course and expects the best we have to offer. . . .

Dr. Thomas Keay of Pepeekeo wrote:[5]

In my first year as a plantation physician, 62 babies in the district died . . . epidemics of such diseases as typhoid and diphtheria were a yearly occurrence . . . today all is changed. In the same plantation community, the infant mortality shows a pronounced drop. There are no deaths from typhoid and diphtheria . . . all of this and much more has been accomplished more or less recently; [my plantation] experience covers a period of 15 years. . . . I have been asked to write . . . as our situation here is the common one found on these islands. . . . In the past many of the Filipinos became victims of sudden death from beri-beri, and many were laid up with symptoms of this disease. Swollen legs and failing vision, caused by beri-beri, was an every day complaint. . . .

A $3,000,000 improvement program affecting 5,000 employees and their families and plantations throughout the territory has been undertaken by the HSPA. This program, to be completed by the end of this year, provides for modernizing homes, improving sanitation, establishing experimental health centers such as the one now operating successfully at Ewa, and providing modern gymnasiums and equipment for field sports in the community maintained by the association of 39 member plantations. The program comprises the most comprehensive welfare drive in Hawaii history.

[4] Dunn, W. T.: Twenty-three Years of Obstetrics on Plantations of Hawaii, Plant. Health 3:4 (July) 1938.

[5] Plant. Health 1:3 (Jan.) 1937.

On Dr. Keay's retirement in 1944, I wrote:[6]

> . . . The many times that I have seen Dr. Keay at work in his hospital, seen the expressions of hopeful happiness on patients' faces as he approached, seen the conscientious way in which he went over his charts and checked the condition of his patients, and seen the way he tried to get the best opinion he could to help him out with difficult problems—all these and more have earned for him the well deserved pat on the back. . . . He was always willing to "go the extra mile." He served to the utmost of his capacity. . . .

In 1923, with the Filipino infant mortality at 366 (largely plantation babies), it was evident to the medical profession that something had to be done. A milk campaign was started and resulted two years later in excellent milk (the first) for Hawaii. The Palama Settlement and later the Board of Health developed regular healthy baby clinics. Soon after, The Queen's Hospital Research Department set up its experimental Health Center on Ewa Plantation. That feeding clinic functioned for over twenty years. Besides reports in *Plantation Health,* twenty publications in standard journals came from it. Every year the health statistics were reported to management as well as to doctors. The industry became very health conscious and in 1930, the HSPA began the office of Medical Advisor and organized a Health and Sanitation Committee. The objectives of the Health Center were:

1. Improve the general health of the plantation population and study the methods of bringing this about.
2. Evaluate the bad effects of a high rice diet upon general health and resistance to infection.
3. Attempt to determine what cheap foods can be used to reduce the high rice diet.
4. Try to evaluate the specific factors in the foods which are responsible for the improvement of health.
5. Observe the clinical effects of the use of taro products and try to teach their use to the plantation population.
6. Determine the economic value to plantations of health improvement.
7. Develop an experimental health center for all plantations, from which health information and new evidence can be distributed to all plantation physicians. Use this center for instruction of plantation personnel connected with health work. *Plantation Health,* a quarterly journal was started in 1936.
8. Conduct a thorough annual dental, laboratory and physical examination to discover other causes of ill health among plantation children.

The writer analyzed plantation health first in 1928, although he had first lived on a plantation for a vacation in 1919. In 1928 I wrote (about Dr. J. Kuhns):[7]

> . . . Ten thousand people look to one of the men under discussion, as their physician; to the other, eight thousand. In passing hundreds of school children one day, walking to the side of the road under their own guides, all waved happily to the doctor and not one but received his smile or hand wave. Sixteen hundred of them thought of this man as "their doctor." We stopped at a baby clinic. Twenty-four of 28 children listed were there. The mothers, sitting in a long room, were told the need of regular feeding, etc. They listened happily, and they had good looking, healthy children. The nurse who weighed each child said only six babies had died during a whole year on the plantation. (In 1948 there were only four infant deaths on all the plantations of that island). The most important point was not so much that certain babies had been kept alive as the fact that those who did live would become healthier and stronger adults. The plantation doctor is also the public health doctor of the district.
>
> One hospital had 36 beds, another 32, another 65. They were wooden, one-story structures; but imagine this setting on a hill with a rocky irregular coast line below, the ocean waves constantly crashing against the black lava rocks, off to one side miles of varied green fields interspersed with patches of brick red dirt, beyond, the ragged mountain peaks—do you need a marble palace in such a setting with a climate where the windows need never be closed, and where the heat never prostrates, nor the sun strokes? . . .
>
> As to remuneration, that also seemed ideal. The plantations paid a basic salary, enough to keep the wolf from the door and keep worry in the distance. All employees who earned more than $100 a month had to pay the doctor and also pay the minimum hospital fee. These charges ran from $1.50 up to $3.50. Hence, a private practice could also be developed. . . .

Two decades later, in 1948, I wrote about Dr. Marvin Brennecke on Kauai:

> As the years roll on changes are hardly noticed, and yet in this twenty year period, dramatic changes have occurred. For instance, the doctor now spends far less time traveling on calls to patients. The patients come to him because roads are good and automobiles plentiful. They are cognizant of how much more service and better diagnosis a doctor can give in a well equipped hospital office than that given at a home bedside. . . .
>
> . . . medically the difference is just as striking. In the course of these [20] years, sulfa drugs have reduced pneumonia to a relatively non-fatal and short-duration disease. Osteomyelitis, formerly of months and months duration and frequently followed by deformity, is often knocked out in the early stages. With the later advent of penicillin and then streptomycin, other great medical scourges have come under control. The formerly much feared hemolytic streptococcus infections and all types of post-operative and post-partum infections complications are no longer dreaded. Due to the progressive attitude of plantation doctors, these drugs were put into quick use on the plantations—in the case of sulfa drugs, before they were generally used

[6] Plant. Health 8:4 (Editorial) (Oct.) 1944.

[7] Larsen, N. P.: Change in Plantation Practice on Kauai After a Lapse of Two Decades, Plant. Health 13:24 (Jan.) 1949.

throughout the country. In the case of penicillin, the HSPA Experiment Station was growing it for use by the plantation doctors before it was available on the market.

Special problem cases are now frequently referred to specialists. The Board of Health and Public Health nurses are responsible for the sanitation, milk and water problems. On this plantation the Public Health nurses have become the visiting nurses of the district. In surgery the change is also dramatic. Post-surgical and post-partum cases are now gotten up on the first post-operative day. Post-operative appendicitis cases go home on the fourth day, and post-partum cases on the third day.

The present day costs of hospitalization have risen fantastically, but the cost per disease case has probably not changed, in fact it is frequently less. Instead of one doctor slaving night and day, week in and week out with constant worry if he left the plantation for a weekend, two very capable doctors spell each other. They each make rounds on the plantation cases. Hence, each patient gets the benefit of two expert opinions, and surgical problems become joint problems. . . .

Twenty years ago all the plantation cases received full medical perquisites. . . . Today on the voluntary insurance plan a laborer with six children might well think he cannot afford to pay insurance for them. Fortunately the laborers are now intelligent enough and the rates are low enough so that over 90% of the plantation people take out the insurance. It is interesting to note that eight dollars is the average eight hour day's pay. This fact has forced mechanization to the point where today [1948] 24,736 workers produce almost as many tons of sugar as 52,244 did in 1928. . .

House calls are seldom made. . . . The two doctors together probably average four house calls a week.

Another striking change is the fact that none of the pre-natal cases are now seen by midwives, and all cases are delivered in the hospital. Also at regular intervals various specialists make checks. For instance all tuberculosis cases and x-rays are reviewed by a chest specialist once a week. Mental cases are seen by a neuropsychiatrist every two weks. Orthopedic consultants see all cases for the children's crippled service about once every six months. The Board of Health conducts a well baby clinic once a month and refers all the problems to the doctors. The two doctors see their pre-natal cases at least once a month for the first seven months in the O.P.D. and every two weeks during the last period of pregnancy. . . .

. . . The plantation doctor is, in the highest sense of the word, a true specialist in general practice. He helps with school examinations, does pre-employment and retirement examinations, and is the government physician for the indigent, non-plantation patients of the countryside. His life is a full one. He is isolated—his wife is more often aware of this than he—but with airplanes and not infrequent trips to conventions in Honolulu as well as on the mainland, the danger of stagnation can largely be neutralized. A beginning has been made toward centralization of hospitals, and it is evident that the best type of group practice is feasible. What will the next twenty years bring?

In 1945 the question "What does the health service mean to the plantation families of Hawaii?" was answered as follows:[8]

> There are those who call this service paternalism. There are those who would like to discontinue it and let the laborer buy his own where and when he pleases. A few figures might be of interest, and help toward clearer thinking.
>
> The HSPA spends for medical care approximately $10.00 per person per year. For this relatively small expense, the plantations, due to excellent organization, the owning of hospitals and expensive equipment, the ability to buy en masse, etc., are able to give full health coverage, including hospitalization, to men, women and children.
>
> What would it cost the laborer and his family to buy this at ordinary professional values if he was forced to go into the open market?
>
> We added up the cost of the total health service given to the ten families needing the most care on one plantation during the last 11 months. The service given would have cost each family, at prevailing charges, the following:
>
> Family No. 1, $520.00; No. 2, $429.50; No. 3, $429.00; No. 4, $412.50; No. 5, $404.00; No. 6, $228.00; No. 7, $197.00; No. 8, $159.50; No. 9, $159.00; No. 10, $155.00.
>
> Could these families, on an average income of $3.00 per day, have bought such service? The answer is obviously "No". . . .

Dr. William Patterson in 1950 analyzed plantation medicine as follows:[9]

> . . . Everywhere one can see that employers are becoming more interested in the health and happiness of their employees. Sometimes this has been forced on the employers by the labor unions or by State laws. More often the employers have found it good business to provide good medical care for their employees while at work. This "medical care at work" no longer consists of just giving first-aid and treating industrial accidents but includes many other things such as pre-employment examinations to determine an employee's ability to work, eye screening to determine which employees need glasses, protective goggles for work hazardous to the eyes, periodic physical examinations and many more. All these things protect the employee as well as the employer. By having the proper employee at the proper work, less accidents happen and more work is done. The employee feels that he is being protected from injuries and his morale and efficiency are improved. . . .
>
> . . . Over 50 years ago plantation management saw the need for good medical care and provided it. Good doctors were employed who were allowed to do part-time private practice. This part-time private practice kept the doctor ever conscious of his responsibility to the patient and prevented him from losing sight of this important physician-patient relationship in all of his practice. Hospitals were built that have been kept up-to-date. Field nurses were employed to help the doctors and to go into the homes to teach good health habits and sanitation;

[8] Plant. Health 9:1 (Editorial) (Jan.) 1945.
[9] Patterson, W. B.: Plantation Medicine—Past, Present, and Future?, Plant. Health 14:1 & 2:5 (Jan.-Apr.) 1950.

nutrition was taught in the schools; good dairy milk was provided at cost; and employees were taught to raise vegetables and fruits in home gardens. Everyone in the community became health conscious. All of this medical care and health education was provided for by management without cost to the employees. Accurate health statistics covering a period of 25 years now show that this type of medical program has produced the healthiest rural population of any place in the world where statistics have been kept. . . .

. . . The "Plantation Medical Plan" form of voluntary pre-payment insurance was developed in which there is full coverage for doctor and hospital care by the existing plantation's medical facilities. Management subsidizes this plan as much as 50 percent on some plantations. About 95 percent of the employees subscribe to the Plantation Medical Plan for themselves and their dependents, which shows how successful it is. . . .

. . . Socialized medicine would cost many times more than our present system of medicine and then not be half as good.

. . . We must constantly show the people that our system is best by the type of medical care that we give them and must remind them at the proper time of the type of care they would receive under government socialized medicine. This is the only way that government socialized medicine can be beaten. If we do not falter and allow the socializers to outsmart us, our system of plantation medicine may well serve as an example to the large industries on the Mainland where there is need for better medical care among the low income groups who cannot afford the private physician type of care. . . .

. . . In the future he must work even harder to prove to his patients that they are receiving the best type of medical care in the world and that no form of government medicine can give such good care. . . .

Dr. P. H. Liljestrand reported what happens when a plantation hospital is discontinued:[10]

On a few days' notice, the medical service and hospital of the plantation at Aiea were closed. The sudden loss of livelihood affecting three and one-half thousand people and the extreme uncertainty concerning the future resulted in a stunned community, paralyzed for a time by emotional tension. There was an immediate outcropping of functional complaints like stomach pains. However, within a few weeks most of the workers had been absorbed by other industries and the community was going again, but under an entirely different routine of living.

As for the hospital itself, one minute after it was closed by the plantation it was reopened as a private enterprise. . . . Gone were the plantation outpatient clinics, the field nurse with her follow-ups, health surveys, health education, and regular physical examinations. A third of the men went to work for the neighboring plantation and thus continued to come under plantation medicine. For the remainder systematic medical care vanished overnight. . . .

. . . That the general health service had disintegrated, however, was continually obvious. Diabetics would show up after a long period of no insulin or urinalysis. Luetics failed to continue treatment because there was no camp nurse to remind them and to check on them when they failed to appear for treatment. The use of tetanus anti-toxin rather than tentanus toxoid gradually increased because fewer and fewer of the injured children could show any evidence of having had toxoid immunization, as all had under the plantation. Time and again patients were brought after illness had become serious with the apologetic explanation that since it was now necessary to pay for all visits to the doctor they were avoiding the doctor as much as possible. . . .

The character of the hospital census changed abruptly. We had been accustomed to having a good proportion of chronic and relatively mildly diseased people hospitalized. It had been part of the plantation policy to be generous with prophylactic hospitalization. Now suddenly people in this class could not afford hospitalization. The chronics went home or to peoples' homes. Those with milder diseases and many with severe diseases stayed home. Hospitalization became acceptable only when the situation was serious or desperate, so our census became mostly of that character. . . .

. . . People should get all the medical care they need, but not necessarily all they want. There is a difference. If a man wants extra service, let him earn enough to pay for it rather than making his more conscientious neighbor pay for it through either insurance or taxation. . . .

Dr. Harold Kushi, a part-time ophthalmologist, employed by Puunene Plantation, wrote to the plantation doctors:[11]

. . . There are in the United States over 8,000 industrially blind, and over 80,000 blind in one eye due to industrial accidents. Approximately 90% of these accidents are preventable. . . .

. . . compensations from eye injury amount to 5% of the industrial compensation claims. . . .

. . . the prevention of eye injuries should be the objective in all industrial ophthalmologic work. Toward this objective, we should all strive.

These short accounts from the men in the field tell the dramatic story of how medical care has improved over these relatively few years. The last natural question would be: What about the results? This year's statistics give the answer. Infant and maternal mortality have reached unbelievable lows (10 and 0). No infants died of diarrhea or beri-beri. Tuberculosis has declined precipitously. Major surgery was not abused and there were no post operative deaths. Severe industrial accidents declined from a high of 1097 (1939) per 100,000 to 214 (1955). Venereal diseases have become minor problems. The chronic diseases have all risen; high blood pressure for instance has risen from a rate of 502 (1942) to a rate last year of 1869 per 100,000 population. The chronic problems are now being studied and some attempt at control will be made.

This is the story of a century of rural medicine in Hawaii.

[10] Liljestrand, P. H.: When a Plantation Hospital is Discontinued, Plant. Health 14:1 & 2:59 (Jan.-Apr.) 1950.

[11] Kushi, H.: Treatment of Eye Injuries on a Plantation, 14:1 & 2:64 (Jan.-Apr.) 1950.

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History of Public Health in Hawaii

RICHARD K. C. LEE, M.D., Dr.P.H.,* Honolulu

One of the most effective health departments in the world traces its roots back 120 years, into the smallpox regulations of the Hawaiian monarchy.

WESTERN MEDICINE, with remedies for Western diseases, came to Hawaii long after Captain James Cook first discovered the Sandwich Islands in 1778. Forty-two years later, in March, 1820, the first of the missionary doctors from the American Board of Commissioners for Foreign Missions arrived. Others followed, but these men faced lack of facilities and had to contend with native therapeutics. Public health and preventive medicine were far in the future. The first doctors found already present in great prevalence "a most infective and loathsome cutaneous disease."[1] The lesions left by the ravages of syphilis were noted as a "scourge." Cases of ophthalmia, scrofula and elephantiasis were very common. Intestinal disorders were predominant. Influenza epidemics proved fatal to many of the native people. The mosquito was reported to have arrived early in 1827. Typhus, bilious and yellow fever, small pox and measles were said not to be present in the islands. Consumption was considered to be of rare occurrence though scrofula was reported to be very common.



DR. LEE

The earliest recorded public action for the protection of health in the Hawaiian Islands was a notice to the pilot of Honolulu forbidding him to board any vessel until he had ascertained the health condition aboard. It stated that if smallpox was aboard, the vessel was to anchor and fly a yellow flag. The single printed sheet, which is preserved at the Hawaiian Archives, is dated August 1, 1836 at Waikiki and signed by Kinau and Auuhea, wives of the late Kamehameha II, and Paki, his father-in-law. This sheet reads in part: "Any neglect of these regulations will be severely dealt with and vessels not conforming will be driven from our shores."

The First Boards of Health

Three years later (1839), by royal proclamation, King Kamehameha III created a Board of Health consisting of three persons for each harbor. They were empowered to enforce quarantine regulations, but no money was appropriated for the expense of carrying on the work. In 1842 the Board's membership was increased to five and certain specific powers were emphasized, such as: (1) control over vessels in quarantine; (2) power to establish laws over all people in time of danger from sickness; and (3) the duty of devising plans to prevent the introduction of contagious diseases. In December, 1850, the King appointed Dr. T. C. B. Rooke, Dr. George H. Lathrop, Dr. E. Hoffman, F. B. Hardy, G. W. Hunter, R. H. Smythe and W. Newcomb as a Board of Health, and asked them to prepare suggestions for laws and regulations. These were submitted, approved and enacted. In May, 1851, the legislature approved the health laws presented by the Privy Council. The act prohibited burials within the city, required reports of malignant diseases by householders within twenty-four hours, and required the Board of Health in time of pestilence to submit a report each week for publication.

The Period of Major Epidemics

In 1853 a disastrous epidemic of smallpox occurred. Out of a population of 19,126 on Oahu, there were 9,082 cases and 5,748 deaths. The legislature in 1853 passed an act providing for a health commission of three members to serve without pay, and empowered them to provide for smallpox patients, medicine, attendants, food, lodging, and clothing at government expense.

In 1854 the law making vaccination compulsory was passed by the legislature. This was a recommendation in the King's speech to the legislature in 1854, at which time he also requested that body to repay the members of the Privy Council who had borrowed $10,000, a liability for the public good. This sum had been recommended by the Commissioners of Health to meet the needs of the sick, even though the Constitution did not permit the expenditure of money except by legis-

* President, Board of Health.
[1] Halford, F. J.: 9 Doctors and God, University of Hawaii, 1954.

lative action and no special session was recommended.

Smallpox, in the beginnings of public health in Hawaii, provided the greatest stimulus to public health measures. The Hawaiians had never experienced the effects of such a rapidly spreading and serious communicable disease as this. All attempts to check the disease were futile. No hospital facility existed; no nursing care, and not more than four or five doctors, were available in Honolulu. The response by the people to vaccination measures was poor. The Minister of Interior, Lot Kamehameha, in his report to the legislature of 1855, pointed out the great difficulty in the vaccination programs and the supineness of parents. Neither orders nor solicitations were able to induce the parents to bring the children to be vaccinated, or to present those vaccinated for inspection and the reproduction of the virus. He did report, however, that the returns of vaccination "sustained the intentions of the Act of 1854."[2]

The same Minister of Interior, L. Kamehameha, complained in his report to the legislature that the Board of Health, beyond making certain regulations in reference to the vaccine and the establishment and slight alteration of the quarantine regulations which were approved by His Majesty and Council, was unable to carry out the intentions of the [vaccination] act [because] his Excellency, the Minister of Finance, declined to advance any money for their use. Although the act authorized them to draw for the necessary expenses, the Minister of Finance deemed it absolutely necessary that a specific appropriation be set aside for the purpose of meeting contingencies that may arise.

Dr. G. P. Judd in Honolulu, Dr. Charles Wetmore on Hawaii, Dr. Dwight Baldwin on Maui, and Dr. James William Smith on Kauai were American missionary physicians who played important roles in the vaccination programs and the provision of medical services. The decline in native population following the smallpox epidemic caused alarm, and the legislature in 1862 created the first Sanitary Commission, consisting of five members. This joint resolution called for the investigation of sanitary conditions and causes of depopulation. In addition to smallpox, there had been several disastrous epidemics of measles with death toll all out of proportion to the usual seriousness of the disease. The Hawaiians, not understanding about fevers, would go into the water to "cool off," which resulted in complications causing many deaths. From an estimated 300,000 at the time of Captain Cook's visit to the islands in 1778, the first complete official census in 1853 reported a dramatic decline in the native population to a total of 71,019 native Hawaiians. Between 1853 and 1896 the native population dropped still further to 39,504. Beginning with the census of 1920, there was evidence of a distinct increase in the population of Hawaiian ancestry. The reversal in the population trend is attributed to the establishment of a program of Western preventive medicine, symbolized by the founding of the Board of Health in 1851, learning the value of Western medicine, changing the mode of life, and building up of immunity, both active and passive, by the people.

Smallpox continued to be a problem. The second epidemic came in 1861; the third in 1873; and the fourth in 1882 came with the Chinese. In this last large epidemic, 782 cases and 282 deaths occurred, all confined to Honolulu. The legislature in 1866 appropriated $30,000 for the control of this disease.

Hansen's disease (leprosy) soon became one of the most important public health problems to affect the islands for a great length of time. Smallpox caused great mortality and morbidity within a comparatively short period of time. Leprosy was officially reported in Lahaina in 1857 by Dr. D. D. Baldwin. He had treated a high chief for it in 1845. The 1864 minutes of the Board of Health recorded its discussion of the problem. On January 3, 1865 the legislature passed an act which authorized the acquisition of suitable land for an isolation settlement and confinement of those afflicted, provision of hospitalization for incipient cases, and authority to make rules and regulations governing patients with leprosy. By March, 1866, there were 151 cases settled at Kalaupapa. Within another year, over 1,000 cases were sent to this settlement. In 1885 the Kapiolani Home for girls was opened, and the Kalihi Home for boys was opened in 1905. Non-infected children of leprous parents were no longer sent to Kalaupapa. In 1895 the Kalihi Receiving Station was opened. In 1905 the United States Congress passed an act that provided for investigation of leprosy in Hawaii, and appropriated $100,000 for a hospital at Kalawao and $50,000 for maintenance on the condition that the Territory deed a site at the settlement. This was done, but the patients would not use that hospital. Shortly afterwards the Federal government stepped out of this program at Kalaupapa. Leprosy attained its highest number of cases in 1890, when 1,159 cases were at Kalaupapa.

Asiatic cholera in 1895 brought 87 cases and 64 deaths in one epidemic. One yellow fever case from Mexico came to Hawaii in 1910. No

[2] Roster, Legislatures of Hawaii, 1841-1918; The Hawaiian Gazette Company, Honolulu, 1918.

secondary case occurred here, largely because of mosquito control work, which had started in 1904 and is still being carried out today. Smallpox, Asiatic cholera, bubonic plague and leprosy were the major epidemic diseases in the early period.



Half a century ago, these hatted and booted mosquito sanitarians didn't know th work for the Department of Health would someday include radiation monitorin

Other Early Public Health Services

In the field of environmental sanitation, lack of potable water became a problem with the increasing foreign population. In 1822 a filtration plant was constructed on Nuuanu Stream to provide potable water for the city. In 1895 artesian wells had been successfully drilled in Honolulu, and most of the city was supplied from these. In 1913 a law was passed requiring certification of potable water supplies in the Territory. Street cleaning and free collection of refuse from residential areas was started in 1878 by Mr. J. Mott-Smith, president of the Board of Health. In 1899, when Honolulu's population numbered 30,000, the first sewers were laid. Meat inspection in Honolulu was started in 1891, and in 1898 a food commissioner's department was created and made responsible for preventing the manufacture and sale of adulterated food and drugs in Hawaii.

In 1896, during the short existence of the Republic of Hawaii, the legislature created the Bureau of Vital Statistics for the collection and registration of births, marriages and deaths. A marriage recorded in 1841 is the oldest vital record on file.

Among the earliest health services offered to islands other than Oahu was that given by "traveling" government physicians who were subsidized by the Board of Health. During 1868, in the fifth year of the reign of Kamehameha V, a second published report of the Board of Health recommended that government physicians be furnished with medicine for the needy and with sufficient subsidies to enable them to maintain offices in sparsely settled districts in order to reach all the people living there. In 1901 these government physicians were given additional duties of registering births, deaths and marriages and performing post-mortems in cases of unattended deaths. In 1903 the legislature abolished the support of government physicians. This caused considerable apprehension among the members of the Board of Health. Residents of the port of Hilo secured private funds to restore this service to their people. By 1908 government physicians were reinstated on all the major islands, where they have continued to serve the indigent and medically indigent. Today, there are thirty-eight part-time government physicians serving the rural areas of the Territory and providing medical care for the needy.

Although the largest expenditure for health was for medical care and leprosy, the provision of services for the mentally afflicted was already established. By legislative action in 1862, an "Insane Asylum" was built and completed on School Street by 1866. By the end of the century, patients were allowed more freedom, wards were constructed, and provisions made for the care of women patients.

During this early period, some of the presidents of the Board of Health more prominently mentioned were Fred Hutchison, J. Mott-Smith, Walter M. Gibson and L. E. Pinkham (later governor of Hawaii). Dr. William Hillebrand, who was practicing physician and surgeon at Queen's Hospital, was frequently mentioned also in the health reports. Doctors Arthur Mouritz and Edward Arning were a few of the leaders in the Hansen's disease program.

Development of Public Health Services Since 1900

This was the period following epidemics of serious pestilential diseases, such as smallpox, plague, cholera, and the widespread outbreaks of measles, whooping cough, venereal disease and influenza. Emphasis was placed on reorganization and growth of public health services, and the promulgation of basic sanitary codes.

Hansen's disease* was diminishing in its wide-

* The term "leprosy" was changed to "Hansen's disease" by legislative action in 1949.



Children were kept in better health in 1910 by check-ups at this district dispensary with a public health nurse in charge.

spread effect. In 1955 there were only 136 active cases at Kalaupapa and 85 at Hale Mohalu, a hospital outside the city of Honolulu. The Board of Health had jurisdiction over this program from 1865 to 1931, when the entire program was turned over to a separate Board of Hospitals and Settlement. It was returned to the Board of Health in 1949. Since 1950 the Federal government has provided a major share in the support of this program.

With the advent of the sulfones and antibiotics, progress is being made in the conquest of Hansen's disease. The Territory has expended tens of millions of dollars for the care of patients with this disease. Within our lifetime, we expect to see this disease reduced so that separate facilities for the care of these patients will not be required. Great progress in public education and understanding of this disease has taken place and patients are able to return to their homes and community with greater ease than in the past.

Tuberculosis was the leading cause of death, and the intestinal diseases followed. In 1910 the Bureau of Tuberculosis was established by act of the legislature for the prevention and control of tuberculosis. The tuberculosis mortality rate was 330 per 100,000 as compared to preliminary estimates for 1955 of 6.6 per 100,000. Excellent tuberculosis sanatorium facilities and services are available on the four largest islands.

In 1914 the first public health nurses were added to the health department program. They confined their work primarily to tuberculosis, school services, and communicable disease control. The Bureau of Public Health Nursing was established in 1930. Today, the ratio of public health nurses to population in Hawaii is 1 to 6,500.

In 1926 the Bureau of Maternal and Infant Hygiene was organized. The infant mortality rate was 94.2 and maternal mortality was 5.2 per thousand live births. In 1955 the preliminary rates were 20.5 for infant mortality and 0.6 for maternal mortality, per thousand live births. Crippled children in Hawaii have been provided services since 1939 through official and voluntary health agencies.

Midwives were regulated in 1931. At that time 150 midwives were registered as practicing in the Territory and they delivered nearly 20% of all births in homes. In 1954, there were only 11 midwives practicing in the Territory and 0.5% of all the births were delivered by them in homes, whereas 98.2% of all the deliveries occurred in hospitals.

Through the combined efforts of the Bureau of Maternal and Child Health and the Bureau of Epidemiology a law requiring diphtheria immunization for all children entering school was passed in 1936. In 1926, when the Bureau of Maternal and Child Health was established, 308 diphtheria cases were reported, with 47 deaths. There were no cases reported in 1955, and no deaths have occurred since 1945.

Whooping cough was a serious epidemic disease. With the use of the triple toxoid since 1947, whooping cough has been reduced to a preliminary figure of 30 cases in 1955 with no deaths, and eight cases of tetanus with three deaths. Compulsory typhoid immunization, first required in 1941, has resulted in a drop from 63 cases and five deaths at that time to one case in 1955 and no deaths for the last nine years.

The Bureau of Sanitation grew up, like "Topsy." Today, certified water in accordance with the standards of the Public Health Service is available on all islands. The city of Honolulu is 60% sewered. The remaining 40% uses cesspools checked by the Board of Health. All new subdivisions and constructions must meet sanitary requirements established by the Board of Health.

On Oahu 100% of all milk sold to the public is pasteurized; on Maui, 93%; Kauai, 100%; Hawaii, 99%; and Molokai, 100%.

All food handlers and school teachers are x-rayed annually and food handler classes are conducted regularly.

Mosquito control has eliminated the Aedes egypti mosquito from Honolulu and other urban areas. There is no malaria mosquito in Hawaii, and initial cases of malaria and filariasis have not occurred here. The epidemic of dengue in 1943 and 1944 was controlled and eliminated before the disease could establish itself. At the present, Japanese B encephalitis has not gained a foothold here. Mosquito control is carried on actively in

Honolulu and Hilo. The 1955 legislature provided funds for mosquito control on Maui and Kauai but the program has been temporarily deferred.

When bubonic plague made its appearance in the Territory, the seriousness of this disease was at once recognized. Only 71 cases were reported, but the disease spread to all islands except Molokai and Lanai. Complete eradication of this disease has not been totally achieved since the first epidemic. Sylvatic plague continues to exist in a localized area in Hamakua among the cane fields, and possibly the pineapple fields in Makawao, Maui. The last known human case occurred in November, 1949, in Honokaa, Hawaii.

Our food and drug laws meet all Federal requirements. Narcotics control is carried on in a limited way because of shortage of personnel. Meat inspection, now carried on by the Department of Agriculture and Forestry, was the responsibility of the Department of Health for over fifteen years before it was transferred to that agency. Rabies is non-existent in Hawaii as Territorial laws require a 120-day quarantine of all dogs and cats.

A Bureau of Laboratories, combining all the laboratory services of the Health Department, was established by the 1947 legislature. A food and drug laboratory had previously been set-up in 1891, a bacteriology laboratory in 1900, and one in public health engineering in 1913. All health department laboratories on the islands of Hawaii, Maui, Molokai and Kauai are under the supervision of the central laboratories of the department in Honolulu.

The Health Department administers a medical care program with expenditures of over a million dollars yearly for the care of the indigent and medically indigent. This program is administered by the Division of Hospitals and Medical Care, which also is responsible for the program of hospital and health center construction and planning, and the licensing of hospitals and convalescent homes in the Territory.

The dental health program was established by law in 1951 and in 1955 our first full-time qualified director of dental health was added to the Health Department team.

In the field of nutrition, a bureau was established in 1947 with a two-person staff.

The educational approach has replaced the former "police power" method of getting people to accept and use desirable health practices. Although the educational approach may take longer, the results are more permanent. Experts in health education were added to the staff in 1944 to work with program directors in order to utilize all the educational opportunities possible. There are three educational consultants on the staff at the present time. In addition over 150 films on health subjects are available to the public for educational programs.

The Bureau of Mental Hygiene was established in 1939. Today, it has been raised to a Division status with one part-time and four full-time psychiatrists, one part-time and seven full-time psychiatric social workers, seven psychologists, and one mental hygiene nursing consultant, carrying on clinical and community service programs for all islands in the Territory.

In all neighbor island counties, a full staff provides a comprehensive health program. Included are the medical health officer, sanitary inspection force, public health nurses, psychiatric social workers, laboratory technicians, and clerical staff. Supervision is provided each section of the local staff by the respective specialists and administrators of the Territorial bureaus and divisions.

Venereal diseases have been kept to a minimum in Hawaii. Far lower rates are reported here among our military personnel than on any other comparable military reservation.

Heart disease and cancer, the first and second leading causes of death in the Territory of Hawaii, are recognized as health problems, and efforts to evaluate the problems presented by these diseases have been made for the past several years.

Civil defense responsibilities have been assigned to the health department, and our personnel are actively participating in the supervision and planning of the health and medical aspects of this program. We are responsible for the maintenance and storage of all health and medical supplies.

Other departments of the territorial and city



Children and babies are still first concern at this 1956 well-bal conference. Public health nurses are Fusako Okazaki, left, and Kathleen Woo.



'oday, radiological control and protection of workers using x-ray, radium and adioactive isotopes are duties of department's Division of Sanitation. Industrial ygienist Sadamoto Iwashita checks on any scattered radiation from x-ray equipment.

governments also provide health services. The Department of Institutions administers the mental institutions at Kaneohe and Waimano. Approximately 1,180 patients are hospitalized annually at the Territorial Hospital and 700 at Waimano Home for the feebleminded. The tuberculosis sanatoria in Hawaii are separately governed and administered, but supported by territorial appropriations. Over 1,200 beds are available today and there are about 250 vacant tuberculosis beds.

The Department of Public Instruction provides audiometric testing in the schools and vocational rehabilitation by a separate division. This department employs 40 full-time dental hygienists who are primarily concerned with dental health education, examination and referral to dentists, and prophylaxis.

Sight conservation and work with the blind is carried on by a separate agency.

The City and County of Honolulu provides corrective dental care in rural Oahu and in the city of Honolulu for the indigent and medically indigent.

This local government agency also provides ambulance service, care of pensioners and the aged, coroner's services, and medical examination for county employees.

From the early days when the government physician was also district health officer, to today, when physicians in private practice conduct examinations in our clinics and consult on specific health problems, professional cooperation and help have been invaluable. Community health has been bettered with the aid of private physicians and the private physician has been helped by our laboratory and diagnostic services, educational material, subsidies in special programs and by statistical and research material. Two-way cooperation has been the basis for better general health in the Territory.

During this growth and development period of public health in Hawaii, the names most outstanding in the health reports include Doctors J. S. B. Pratt, F. E. Trotter, Ira Hiscock, Franklin Ebaugh, Bruce Douglas, E. F. Haralson and C. L. Wilbar. Others frequently mentioned in connection with the Hansen's disease program are Doctors James Wayson, H. T. Hollman, J. D. McVeigh and W. J. Goodhue. Dr. J. S. B. Pratt was connected with the Health Department from the early 1900's and was President of the Board of Health from 1911 to 1919. Dr. F. E. Trotter was President of the Board and Territorial Commissioner of Health from 1920 to 1939. These two health leaders contributed greatly to public health advancement in Hawaii and the establishment of a sound and well-organized health agency. Dr. James T. Wayson was connected with the Hansen's disease program from before the 1900's until he retired in 1943.

The Health Problems of Today

Programs in mental health, chronic illness, rehabilitation, alcoholism, dental health, accident prevention, community-wide poliomyelitis vaccination program and evaluation of existing health programs are all important activities being promoted and carried on for community health. Much still needs to be done in heart disease and cancer. Diabetes control, public dental health services (including fluoridation of water supplies), prenatal studies, and care of the aged are also services that require organized community effort. The cooperation of the practicing physicians with organized health agencies will help reduce these health problems.

Control of air and water pollution are new challenges today and the Health Department is actively developing plans to meet them. Research in special projects on health includes the Kauai Pregnancy Study (fetal waste studies), corneal transplants for Hansen's disease patients, tuberculin testing of school children (a case-finding procedure), training classes for the mentally retarded, and special care services for children with cerebral palsy, epilepsy and rheumatic fever. Potential programs include an overall epidemiological study of the mental health needs and problems of Oahu's people, and a tuberculosis control evaluation project.

Physicians of Hawaii, who have played a most important role in the outstanding health records in these islands, must constantly be on the alert to promote and advance our health programs. Organized medicine's support has been extremely effective in this island community. To maintain and advance this high level of health for ourselves and our visitors, the medical profession individually and through its organization should lend every assistance to the support and guidance of official and voluntary health agency activities. For more than a hundred years this mutual relationship has been carried out in a friendly cooperative and coordinated manner—all for the advancement of health for the people of Hawaii.

References

1. Ackland, R.: A Century of Public Health in Hawaii, Office of Health Education, Department of Health, Territory of Hawaii, 1949.
2. Annual Reports of the Board of Health, 1860-1955.
3. Halford, F. J.: 9 Doctors and God, University of Hawaii, 1954.
4. Lee, R. K. C.: Public Health Contrasts in Hawaii, 1850-1953, Public Health Rep. 69:403 (April) 1954.
5. Randell, F.: History of the Board of Health, Honolulu Star-Bulletin, 1939.
6. Roster, Legislatures of Hawaii, 1841-1918, The Hawaiian Gazette Company, Honolulu, Hawaii, 1918.

Hawaii's Hospitals, 1831-1956

ROBERT C. SCHMITT, M.A., Honolulu

THE HISTORY of Hawaii's hospitals begins about 125 years ago. White physicians had practiced more or less regularly in the Islands since 1820, but it was not until 1831 that something approximating a hospital—the "health station" at Waimea, on the Island of Hawaii—was built. Two years later a "public house" in Honolulu was designated the "British Hospital for Seamen." Neither of these establishments provided more than the simplest kind of medical care.



MR. SCHMITT

Early Hospitals

The first real hospital in the Hawaiian Islands was the American Hospital, put into operation in 1837. "A convenient establishment, at Waikiki, has been rented by the U. S. Consul, for the past year, for the accommodation of the seamen upon his hands," wrote John Diell, adding that "the situation of the sick has been far more comfortable than it was, when they were quartered in a grog shop, in the town, as was formerly the case." This hospital admitted 266 patients in the five-year period ending March 31, 1844, of whom only ten died.

Soon other seamen's hospitals were built. The "Hospital for English Seamen" was opened in April 1841 on the ewa-makai (west) corner of Nuuanu and King Streets. It occupied a drafty thatched hut next to "a common grog shop," and, during its first three years of operation, recorded an average census of 6.3 and an average length of stay of 92.6 days. French Hospital was a small establishment opened about 1845 on the waikiki (south) side of Maunakea Street at the Honolulu waterfront. In 1846, when the American Hospital cared for 156 "inmates" and the British Hospital sixty-three, the French institution reported a total of only nine patients. It apparently closed before 1855. There is evidence of a U. S. Hospital in Lahaina, Maui, as early as 1843 or 1844 and as late as 1860. Dr. Wetmore opened a hospital for American seamen on Ululani Street, Hilo, in 1855; it closed about 1865.

These seamen's hospitals were given frequent changes of location. The English opened "Little Greenwich" in Pauoa Valley early in 1846. A considerable improvement over its downtown predecessor, it was nevertheless closed about 1848 in favor of another building on Waikiki Plains. The new establishment, "Little Britain," lasted five or six years, after which the English consul sent his charges to the American Hospital. The U. S. Hospital in Honolulu was even more mobile: it occupied at least eight different sites between its founding in 1837 and closing after 1871.

The first true private hospital in Hawaii dates from 1852. In that year, Dr. S. Porter Ford joined with Dr. George A. Lathrop to open a "Hydrop establishment" in Nuuanu Valley. It soon failed, to be replaced by Dr. Ford's City Hospital in October 1853. Dr. Ford advertised extensively in local papers regarding the advantages of his "commodious building at the North end of King street . . . for the treatment of invalids, residents or strangers. It is conducted upon the plan of similar institutions in the United States, and offers a comfortable home during sickness . . ." Patients were "provided (if desired) with Private Rooms, at a moderate expense."

After a few years Dr. Ford's chief competitor, the Honolulu Marine Hospital (also called U. S. Hospital) once again had the field to itself. It advertised frequently, discarded its traditional emphasis on seafaring patients, and now offered rooms that were "large and well ventilated, and fitted up superior to any of the kind hitherto provided in Honolulu . . ., in the most salubrious part of the city." It was apparently the only hospital in the city between 1856 and 1859.

Clearly, the Islands needed something more. Disease, poverty and a declining birth rate had reduced the population of Hawaii (then inhabited almost wholly by native Hawaiians) from approximately 300,000 in 1778 to 124,449 in 1832, then still further to 73,138 in 1853. Marine hospitals intended for foreign sailors and small proprietary establishments obviously were not the answer. Adequate facilities, an ample program of care for

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the medically indigent (a term then applicable to a large proportion of the natives), and extensive health education were needed.

The Queen's Hospital

Recognition of these needs became widespread in the 1850's. On May 25, 1855, King Kamehameha IV approved "An Act to Institute Hospitals for the Sick Poor" at Honolulu and Lahaina. The young king approved additional measures of this kind in 1859 and 1860 and then tried to interest various other persons in a hospital. On May 14, 1859, *The Friend* reported: "For a long time the necessity of a Public Hospital has been seriously felt in Honolulu. This necessity has been felt by foreigners as well as natives. While Honolulu, for more than a quarter of a century, has not been without its hospitals for American and British seamen, still those have not fully met the necessities of the public. While many have felt kindly disposed towards the enterprise, the great cost of erecting and sustaining such establishments has been hitherto an unsuperable obstacle. Even that, it is now confidently hoped, will be overcome. Our youthful King and Queen, taking a favorable view of the subject, have been pleased to take the initiative steps. His Majesty, rightly imagining that no one could more successfully than himself collect funds for this project, goes forth among his people. The subscriptions obtained, as now published, are the happy results of this effort of His Majesty."

Once determined to build a hospital, the backers of the project proceeded with all possible speed. Even before completion of the fund drive, and almost a year before they could lay the cornerstone of the permanent building, the trustees took steps to open a temporary structure to serve as an interim hospital. In the first biennial report of Queen's Hospital, its physician, Dr. Wm. Hillebrand, reported:

> The Queen's Hospital commenced its operations August 1st, 1859. It had been decided by the Board of Trustees, in one of its first meetings, to hire a suitable building for a limited time, in order to open a dispensary forthwith, where indigent sick natives should receive gratuitous advice and remedies, and where also should be received such of them as were severely ill, as house patients, so far as the capabilities of the house would admit.
>
> . . . We remained [in the temporary hospital at the foot of King St.] until March 1860, when we removed to the grounds purchased by the Board of Trustees for the erection of the permanent Hospital, and entered the old wooden building, which we still use as a special ward for female patients.
>
> . . . While the first building had only room for eighteen patients, we could now accommodate twenty-four. In this building we remained until December, when we were enabled to establish ourselves permanently in the fine stone building erected at the foot of Punchbowl hill.

From "grog shops" to modern institutions as fine as any in the world, the story of Hawaii's oldest and newest hospitals is one to be proud of.

The cornerstone of The Queen's was laid with considerable pomp. "On Tuesday 17th July (1860), this imposing ceremony was performed by His Majesty, the King, in person, according to the ritual of the Masonic Order, of which His Majesty is a P.M." The new building had 124 beds, later reduced to one hundred.

The hospital filled a definite community need almost at once, but not all the good effects of its operation were immediately discernible. King Kamehameha IV, its founder, failed rapidly in health, and, despite the comforting presence of the hospital, died at the age of 29. The total population continued its decline until 1875, when there were only 55,347 persons in the islands. The pure Hawaiian element never did reverse this trend, and continued to suffer the highest death rate in Hawaii.

The year-to-year record of The Queen's, Hawaii's oldest and largest civilian hospital, presents an accurate picture of progress in medical science and health education during the past century. The average number of patients in the hospital was only 19 during the first two years of its existence, but by 1872 had risen beyond seventy. The average census surpassed 100 for the first time in 1918, then continued increasing until it achieved the World War II peak of 308 in 1942. Yearly admissions, about 150 at first, hovered in the neighborhood of 500 during the last quarter of the century. Then, in 1910 admissions passed one thousand, in 1920 they stood at 3,858, in 1930 at 6,850, in 1940 at 11,808, and in recent years around 14,000. More and more children were born in hospitals: from fewer than two hundred live births reported by The Queen's in 1923, the figure soared to the 1952 mark of 2,685. Finally—and perhaps most significantly—the average length of stay of The Queen's patients declined from seventy-one days in 1875-1877 to thirty-four days in 1903, twelve days in 1925, and 6.7 days (the lowest so far) in 1952.

Leprosy Hospitals

Once general hospital facilities were provided for Honolulu, the government turned its attention to leprosy. This disease, introduced into the islands some years before, had developed into a major health problem. Kalihi Hospital was set up several miles from downtown Honolulu as a re-

ceiving station for victims of leprosy in November 1865. An almost inaccessible peninsula jutting from beneath Molokai's cliffs was reserved as a leprosy colony, and called Kalaupapa Settlement. It was opened on January 6, 1866. The Branch Leper Hospital was established at Kakaako, Honolulu, in 1881, and kept in service for more than a decade. With a steady decrease in the number of reported patients, both at Kalaupapa and the Kalihi Hospital, the latter was eventually closed and a more modern treatment center was opened in Pearl City.

Mental Hospitals

Oahu Insane Asylum (the present-day Territorial Hospital) was opened by the Hawaiian government in 1866. "Previous to the year 1862, the mentally afflicted were sent to jail to mingle with the felons and prisoners of all kinds; they were treated simply as dangerous characters to be kept away from the public; and it was not until this date (1862) that the question was raised of setting aside a place for their care . . . In 1862, after some agitation, an act was passed by the Legislature authorizing the Minister of the Interior to provide lands and buildings suitable for the care and management of the insane and to call for appropriations necessary for their construction and maintenance. However, . . . it was not till September 1866 that the matter was accomplished and then the few (six) insane were removed from the prison to the asylum and placed under the care of Dr. Ford, Superintendent, and Mr. Davison, Assistant Superintendent." In 1930, Territorial Hospital was shifted from its old location in Honolulu, where it offered 524 beds, to more spacious quarters on Windward Oahu, but the average census more than kept pace with augmented capacity.

The incidence of smallpox, introduced in 1853, again reached epidemic proportions, so that in 1881 a special Small-Pox Hospital was set up in Honolulu. A house of detention was converted to temporary hospital use for the duration of the epidemic, reaching a maximum census of 131 and admitting 575 persons in this period. After approximately a year of operation it was possible to close this establishment.

County Hospitals

It was during the 1880's that the Hawaiian government began extending hospital service to the outlying islands. Formerly, these areas had known only the U. S. Hospitals built for American seamen at Lahaina and Hilo. Malulani Hospital was established at Wailuku, Maui, in 1884; Koloa Cottage Hospital ("a small hospital and diet kitchen"), at Koloa, Kauai, in 1888; and Hilo Memorial Hospital, on the Big Island, in 1897. Malulani reported a census of 14 patients on March 31, 1892; at the same time, Koloa reported a census of two. The latter establishment had no patients for two years, and was closed by the Board of Health (1903), which thereafter subsidized nearby Eleele Hospital. By mid-1904 the Territorial Board of Health was supporting or subsidizing nine institutions (exclusive of those concerned with leprosy).

Special Hospitals

The turn of the century witnessed the local beginnings of hospitals designed especially for maternity cases, children, and tuberculous patients. Kapiolani Maternity and Gynecological Hospital was founded in June, 1890 by the Hawaiian queen after whom it is named. It was first located at the corner of Makiki and Beretania Streets, Honolulu, and said to be intended "to propagate and perpetuate the race." Kauikeolani Children's Hospital was formally opened in Honolulu on Thanksgiving Day, 1909. Shriners Hospital for Crippled Children, Honolulu, was established in 1923, and its present quarters were put into use on November 27, 1930. Leahi Hospital, founded in 1902, was the first specialized institution for tuberculous patients in Hawaii, and was followed by three similar hospitals on other islands: Maui County Farm and Sanatorium at Kula, Maui, in 1910; Puumaile Hospital at Hilo, Hawaii, in 1912; and Samuel Mahelona Hospital at Kapaa, Kauai, in 1917.

Private Hospitals

After two thirds of a century of Hawaiian hospital history the emphasis began turning away from government operation. Most of the early hospitals in the islands had been both built and operated by the government. The seamen's hospitals had been financed by the consuls of foreign nations. The Queen's Hospital was in large measure initiated by the ruling monarchs of the time, and until 1898, it was partly supported by biennial legislative grants. Facilities for persons afflicted with leprosy, insanity, smallpox and tuberculosis were provided by the Kingdom or Territory. Only the long-defunct City Hospital had operated independently of government supervision or subsidy. Finally, however, conditions warranted a change. Plantations, large and isolated as they had become, found it more convenient to establish hospitals on the premises. The booming cities of the Islands attracted a number of individuals and corporations willing to invest in medical facilities. Churches, already experienced in operating related institutions in Hawaii, eventually turned toward the building of hospitals. Several of the "district" hospitals established or partly supported by the Kingdom or Republic of Hawaii

either reverted back to private hands (as with Lihue Hospital) or disappeared completely (as in the case of Koloa).

Plantation hospitals were soon erected on all the major islands. On Oahu such hospitals were established at Ewa, Waialua, Waipahu and Aiea during the 1890's. On the Big Island, Hamakua Mill Company led the way with its hospital at Paauilo in 1892, to be followed by similar facilities at Haina and Olaa eight years later. On Maui, the first plantation hospitals of record were opened at Paia (1906) and Lahaina (1908). Five were established on Kauai before 1900, two of them (Makaweli and Kilauea) in the late '80's. The building of plantation hospitals had reached its peak by the end of World War I, and their number has been declining ever since. Mortality was highest on Kauai. Of six such ventures known to have been started there, none survived in 1956.

Corporations, churches and individuals also established a number of hospitals in Hawaii during these years. Two of the largest were general hospitals in Honolulu, Japanese and Saint Francis. Japanese Hospital was established April 12, 1900, and intended largely for persons of that ancestry. During World War II it changed both its name (to Kuakini) and policy of admissions. St. Francis Hospital opened under church auspices on May 9, 1927. In Hilo and elsewhere, small hospitals were established by individuals. By the middle '30's, most hospitals in the Territory (including those on plantations) were operated by non-profit associations.

Military Hospitals

Military hospitals were the last type to appear in Hawaii, experiencing rapid growth in the relatively few years since their establishment. Tripler, the oldest, dates from 1907, although the nucleus around which it was built carried back to 1898, the year of Hawaii's annexation. The 26th Station Hospital, Schofield Barracks, is variously assigned two dates, 1909 and 1920. The U. S. Naval Hospital at Pearl Harbor was built during the first year of World War I. Its neighboring naval hospital in Aiea Heights was commissioned in 1942 and closed in 1949.

Wartime Hospitals

The unprecedented influx of servicemen after the Pearl Harbor attack strained medical facilities to the breaking point, and existing military hospitals soon were forced to extend their wards many miles. School buildings were converted, wings added, and temporary structures hastily erected. Civilian hospitals operated at 100 per cent occupancy a large part of the time. Sacred Hearts Convent School became a spacious civilian emergency hospital almost overnight. It was a period of extraordinary dislocations, but, for the most part, its effects on local hospital facilities and services seem to have been temporary.

Post-war Expansion

The decade following the end of World War II witnessed a number of major expansion and modernization programs among Island hospitals. Largest was that of Tripler Army Hospital which completed a new 1,500-bed institution for military personnel and their dependents in 1948. Other Honolulu hospitals undertaking important new construction included St. Francis (1947), Maluhia (1949), Kauikeolani Children's (1950), Leahi (1947, 1948, and 1951), Kuakini (1952), and The Queen's (1954). Territorial Hospital opened a new 218-bed treatment unit in 1951. On the neighboring islands, Puumaile Hospital occupied new quarters in 1951, and Central Maui Memorial Hospital, Wailuku, received its first patients a year later. These events brought to Hawaii a standard of hospital care equal to that found in the most advanced mainland communities, and well beyond anything envisaged by the Islands' hospital pioneers of the 1830's.

Selected References

Halford, F. J.: Nine Doctors and God. Honolulu, University of Hawaii Press, 1954.

Hospital Costs Study Committee: Hospital Costs in Hawaii. Honolulu, Public Health Committee of the Chamber of Commerce of Honolulu, 1949.

Nebelung, R. G., and Schmitt, R. C.: Hawaii's Hospitals: Past, Present and Future. Honolulu, Public Health Committee of the Chamber of Commerce of Honolulu, 1948.

Schmitt, R. C.: Hawaii's First Hospitals. Hawaii Medical Journal 8:424-427 (July-August) 1949.

History of the Medical Library

W. HAROLD CIVIN, M.D., Honolulu

FORTY-THREE YEARS AGO, in 1913, a small group of doctors in Honolulu formed a medical library. Dr. A. F. Jackson was appointed Chairman of the Committee, and immediately set about finding a suitable place for the establishment of a library, allocating funds, and ordering periodicals. In the fall of 1914, Governor Lucius Pinkham assigned two rooms in the "Bungalow," located on the Palace grounds, for the use of the Territorial Medical Association as a library and meeting place, and the Superintendent of Public Works assisted in painting and repapering them. Dr. Cooper presented several hundred volumes from the late Dr. McGrew's collection, and Dr. Stangenwald's library was presented to the Association by his niece, Mrs. Wood.



DR. CIVIN

The "Bungalow" was not entirely satisfactory, however, and in the spring of 1916, the library was moved to a room at The Queen's Hospital. Dr. W. G. Rogers reported that the Library Committee "had received $90 for new books, and they wanted more money." In 1917, Mrs. Moore presented the library of her late husband, Dr. W. L. Moore, to the Association. Dr. Rogers was away from the islands for a good part of this year, and when he returned, he discovered that some of the books had been "removed and not returned." A motion was made and approved that under no circumstances should a book be removed from the Library.

At a meeting in December, 1920, Dr. Howard Clarke moved that ways and means be investigated of establishing a modern medical library. The members voted to assess every "city" member $10, and every "country" member $5, for library purposes. The Trustees of the Public Library were approached, and they proposed that the Association operate a reference library within the Public Library building. The Legislature passed a bill appropriating $1,000 for the Medical Library, and the chairman that year, Dr. Paul Withington, was given authority to make purchases of books and periodicals. The collection was moved to the Public Library in the summer of 1922, and by spring of 1923, the librarian was complaining that she could not find room for the new journals as they came in, due to the accumulation of old books and journals. A committee was appointed to select useful material, and since there was a growing problem of space, it was decided to move such books and journals as were called "active" to the Hospital if a suitable room could be found there. It was soon necessary to move the entire collection, as Dr. Van Poole reported in June of 1924 that Mr. Bruce Cartwright had told him that the room at the Public Library used by the Medical Association had been built for the Historical Society, and "unless all the books were removed soon, they would be thrown out."

In the annual report of the Library Committee of the Honolulu County Medical Society in 1925, Dr. A. L. Davis stated that there were 732 books in the Library, besides a considerable number of complete sets of periodicals, and that the total expenses for the year amounted to $131.65.

In 1927, Dr. Y. C. Yang (now Korean Ambassador to the U.S.) was appointed Chairman of the Library Committee, a position he held for six years. In July, 1929, the Association appropriated $250 for the Library, and it was suggested they investigate the cost of a librarian. In 1930, there was some discussion of the members' financial responsibility to the Library, and there were some who favored turning the collection over to the Public Library or to The Queen's Hospital. There seemed to be always the cry for space. In 1932 a special committee was formed to investigate the Library's history and make plans for its future. The committee became immediately aware of the lack of organization that had resulted in expenditures with comparatively negligible results. Hundreds of dollars had been spent on periodical subscriptions which were valueless because they lacked continuity. Valuable books had been added to the collection, only to disappear.

After much discussion, planning and consideration of the possibilities open to the Library, it was moved to the third floor of the Liholiho wing of The Queen's Hospital. Forty interested members attended the opening of the Library on March 2, 1934 in its new quarters. The Library got off to a good start this year under the direction of Dr. A. W. Duryea as Chairman. The Society had guar-

anteed an annual budget of $1,500, and individual members were generous with gifts of books and journals. The committee assured the Society that their policy was to plan the Library as a permanent investment. Twenty-one journals were subscribed to, 112 new books were purchased, and a librarian, Miss Watson, was employed for four hours a day.

It was noted that the Library was in daily use by an increasing number of members. Some criticisms were evidently made: (1) the Library was not open long enough; (2) books could not be borrowed; (3) it was expensive. The Library Committee Chairman remarked that the answers to these criticisms were "obvious." Library activities during the year included: monthly journal review section meetings; a house warming party; a turkey raffle; and a lecture by Dr. S. G. Gant on "Medical Magic."

In 1936 the Library became a member of the Medical Library Association, which made possible more rapid growth of journal files through contributions from other medical libraries. But once again the problem arose of adequate space and housing. Hospital authorities were approached with the idea of granting land on the grounds for a building for the Library. This proposal met with favorable reception, and in 1937 the Society was assured that a place in the Mabel Smyth Building, then being contemplated, would be reserved for the Library. At that time the Library Committee was also informed of the promise of a substantial gift, in the form of a memorial, from Mrs. Charles Adams.

Unfortunately, before the new building was completed, the Library was forced to move into temporary smaller quarters on the ground floor, due to the hospital's need of space for expansion. This curtailed in some degree the Library's development, but journal files continued to grow through the Medical Library Exchange, and Dr. Pleadwell added some very valuable books from his private library to the collection. Due to the limited space for study within the Library, it was finally decided to allow books out on loan. However, an overnight or over the weekend time limit was set, and "in order to protect the Society's property, a deposit of $5.00 will be required, and an overdue charge of $1.00 a day will be levied if books are kept overtime. Journals cannot be allowed out on loan."

The librarian, Mrs. Nelson, left the islands at this time, and the Society presented her with an etching as an expression of appreciation for her services. Mrs. Bothwell was appointed to replace her.

The Library was having to mark time until the Mabel Smyth Building was completed. In December of 1940, the Library moved into its new quarters, which had been constructed by a memorial grant of $20,000 from Mrs. Charles Adams in memory of her physician husband. Mrs. Walter Dillingham presented an additional $5,000 to furnish the rooms. A memorial plate was affixed to a glass case containing a Vesalius *Anatomy*, also a gift from Mrs. Dillingham.

The Honolulu County Medical Society's Library has grown from a refurbished room in an obsolete government building to the handsome, modern Charles R. Adams Memorial Library.

Now, for the first time in its history, the collection was properly housed, and its organization got under way with clerical help employed by the Honolulu County Medical Society. Cataloging and classification was started in the fall of 1942, the Boston Medical Library system being used.

In 1943 the Kalihi Leprosy Investigation Station, which was being closed, turned over a good portion of its journal files and textbooks on indefinite loan. This windfall was gratefully received, as it increased immeasurably the size and importance of the collection.

During the war years the Library was used extensively by military medical personnel, who were given full library privileges by courtesy of the Honolulu County Medical Society.

About this time, the Library Committee advised the Society that they found it difficult to operate the Library on the previous budget of $1,500 a year, and estimated that the growing demand for library services and binding of journal files required in the neighborhood of $3,000 annually. It was also decided that the Nurses' Association and The Queen's Hospital should be asked for an annual contribution to Library upkeep.

In the fall of 1944, a group of library-minded doctors, including Drs. Benyas, Halford, Hill, Gotshalk and Withington, worked with Mrs. Elizabeth Bolles toward the establishment of an Endowment Fund. These and a number of other members of the Medical Society had the vision to see that it was important to the medical profession in Hawaii to secure the uninterrupted growth of the Library, and with this purpose in mind, they started a drive to collect funds. Contributions from physicians, who wholeheartedly supported this drive, amounted to $50,000 in the first two years.

The Nurses' Association pledged $5,000. Donations from local business firms and public health organizations, along with reinvestment of annual earnings, have raised the Fund to approximately $90,000 at the present time.

The Library was incorporated as a tax exempt institution, separate from the Medical Society (though with identical membership) and a Board of Governors was elected to control all library affairs. Contributing membership rules were drawn up: all members of the Medical Society being members of the Library by virtue of payment of a stated portion of their dues. Members of the Nurses' Association become members on the same basis, and all qualified professional people may take guest membership for a small fee.

Since 1944, the Library has had Mrs. Ethel Hill as its Librarian. A full time assistant is employed and student help is used in the evenings.

The Library has grown from a collection of less than 6,000 volumes in 1945 to over 20,000 volumes at the present. Over 550 journals are currently received, and the Library is used extensively by doctors, nurses and qualified research workers throughout the Territory.

The growth of the Library is a mirror of the growth of medicine in the Territory. Both envision continued progress.

Queen's Hospital.

100 Years of Hawaiian Psychiatry

ROBERT A. KIMMICH, M.D.,* Kaneohe

THE KINGDOM of Hawaii had seen many progressive social reforms by the year 1856, but the problems of the mentally disturbed citizens were still nobody's special business. Ostracism by the community, the use of the *kahuna,* and the jail were the usual lot of the most obviously deranged individuals. For the more mildly emotionally maladjusted people nothing was done of an organized nature. They were mainly looked upon as eccentric or bothersome people but not considered as needing care and treatment. They were strongly stigmatized as mental and moral weaklings, there was a feeling of strong negative reflection upon the family background, and the *pupule*† person was an object of considerable scorn. The only attempt to deal with the mentally ill was made by "sending them to jail to mingle with the prisoners and criminals of all kinds" where they were usually more inhumanely and brutally treated than the ordinary criminal.



DR. KIMMICH

In continental United States, 1856 marked the end of the first year of St. Elizabeth's Hospital, which was established in Washington, D. C., for the care of the mentally ill from the Army and Navy. This was particularly accomplished through the efforts of Dorothea Lynde Dix, one of the outstanding crusaders for the cause of the mentally ill. This was also slightly over 100 years after the establishment of the first hospital service for mentally afflicted persons in America, which was established at the Pennsylvania Hospital in Philadelphia in the year 1752. The years between 1840 and 1860 were years of great interest and growth in the field of "medical psychology" in America. The increasing interest in proper care of mentally ill people and the concept of mental illness as a disease, of course, spread to Hawaii through some of its more sophisticated citizens.

* Medical Director, Territorial Hospital.

† Insane. For "feeble-minded," *lolo* was used.—ED.

The care of the mentally ill was a recognized public responsibility under the Hawaiian Monarchy. Our obligation to these patients is not being fully discharged even today.

The First "Insane Asylum"

There was a great interest in medical facilities in Hawaii under Kamehameha IV and Kamehameha V, leading to the establishment of The Queen's Hospital in 1859. About this same time, there was increased interest in the problems of the mentally ill, which culminated in the passage of a law by the Legislature of 1862 under Kamehameha V, authorizing the construction of a hospital known as the Oahu Insane Asylum. The law stated, "A building is to be erected for the reception of insane persons. . . . this facility will furnish restraint till the person becomes of sane mind or is discharged." It was difficult to obtain the funds for this purpose, however, and the hospital was not constructed until 1866. Its first location was at the corner of School and Lanakila Streets. At the time of its opening, six patients were transferred to it from the jail. The annual report of 1867 mentions a total of 62 admissions, an average age of 40 years, and goes on to state that 17 of the 62 admissions were discharged as "recovered"!

These events marked the beginning of actual public and professional attention's being given to the specific difficulties of psychiatric patients. The early methods for the hospital care of these patients are well-known, and marked by a complete lack of trained personnel and a great use of physical restraint and violence in dealing with these unhappy people. The hospital had a somewhat stormy history but managed to fulfill an increasingly large function in the care and isolation of the mentally ill.

From 1903 to 1928, a new site was looked for, a final decision on the present location in Kaneohe being made in late 1928. Many colorful anecdotes about the early years of the hospital can be found in the newspapers of the period. Also, Dr. Stanley Porteus' book, *Calabashes and Kings,* contains a chapter of fascinating stories about these years of growth.

The Psychological Clinic

After the opening of Waimano Home for the feebleminded in 1921, much difficulty was noted in making proper and competent diagnoses. In order to provide a service of this type, so that commitments to Waimano Home could be more accurately carried out, the Legislature set up the Psychological Clinic at the University of Hawaii, which opened in 1922 under Dr. Stanley Porteus. The Legislature, however, described the functions of the Clinic more broadly, including the study and treatment of mental afflictions under their potential jurisdiction. The Psychological Clinic increasingly fulfilled a much needed diagnostic and research function, with a necessarily limited counselling and treatment activity, for many years, until its amalgamation with the Health Department's Division of Mental Hygiene in 1955. The increasing activities of the Psychological Clinic no doubt contributed greatly to a focus of attention upon the less obviously maladjusted people than those in need of institutional care. The services of Dr. Porteus and his group were also available to other people in the community, including the Territorial Hospital and subsequently the new Division of Mental Hygiene.

Facilities in Honolulu

The private practitioner of medicine had little interest in, and considerable resistance to, handling the problems of the mentally maladjusted. In 1922, Dr. Robert Faus, recently arrived from psychiatric work in Chicago, was asked by the Governor to do a survey of the Territorial Hospital. After a thorough study, a recommendation was made for 1,000 beds and certain facilities.

After this work, Dr. Faus was asked to help with commitments to the Territorial Hospital through the Emergency Unit at the Police Station. His work as City and County Physician after that time was partly concerned with trying to help certain psychiatric patients on an out-patient basis. About three years later, in 1925, Dr. M. F. Chung, a young neurologist, was offering private psychiatric treatment in addition to his practice of neurology. Both Dr. Chung and Dr. Faus gave services to the "Pupule House" on School Street.

In about 1929, with the backing of Dr. Nils Larsen and the support of Dr. Chung, Dr. Robert Faus set up a small psychiatric receiving unit on The Queen's Hospital grounds. This is the present City and County Emergency Unit. The upper floor was designed for the handling of mental patients, with four separate rooms and including hydrotherapy and occupational therapy facilities. Subsequent developments made it necessary for The Queen's Hospital to utilize a sizeable portion of this building for physiotherapy and occupational therapy for the general hospital. Dr. Faus and Dr. Chung continued to handle certain acute cases of both a private and public nature at this unit, with practically all treatments and services being done by the doctors themselves.

Territorial Hospital

At about this time, the Oahu Insane Asylum was moved to the new buildings in Kaneohe, consisting of 524 beds (in spite of Dr. Faus' recommendation for 1,000). Even at its opening in 1930, the newly named Territorial Hospital was over-crowded. Overburdened facilities have been the situation ever since. It has not yet been possible for the Legislature to provide sufficient appropriations so that adequate buildings and staff could be maintained by the hospital, in spite of great advances in the hospital program itself. In 1939, the control of the Territorial Hospital was changed from the Board of Health, where it had been since its opening, to the newly formed Department of Institutions.

The year 1929 saw the visit of another great reformer speaking in behalf of the psychiatric patient. This was Clifford Beers, a former mental patient himself, now recovered, who toured the country trying to bring insight to the public in behalf of the mental patients. His work was greatly rewarded throughout the United States by an upsurge of interest and additional facilities.

Ebaugh Survey

The Public Health Committee of the Honolulu Chamber of Commerce sponsored the visit and work of Dr. Franklin Ebaugh, who made his first visit in 1935 and his second visit in 1937. After surveying the situaton in the Islands, he made specific recommendations to the Committee. These recommendations were:

(1) Form a Territorial Board of Mental Health for the purpose of giving coordinated psychiatric care under Territorial auspices to people with emotional problems.

(2) Reorganize Territorial Hospital with increased staff and facilities for more modern treatment.

(3) Establish private psychiatric wards at Queen's Hospital and the Bureau of Mental Hygiene to offer out-patient psychiatric care to the people of Oahu. It was recommended that the Bureau eventually be under the direction of the Board of Health.

(4) Meet the standards of treatment laid down by the American Psychiatric Association.

As a result of this excellent study and long term recommendations, the Chamber of Commerce sponsored the establishment of the Bureau of Mental Hygiene at Queen's. Later in 1939, the Legislature appropriated funds so that the Bureau of Mental Hygiene could be placed under the jurisdiction of the Board of Health. Since that time, the Bureau has worked at the task of providing a mental health program for the Territory

through public education and other techniques and also by offering out-patient treatment facilities for people able to use this type of treatment. There has been a tendency to focus on the problems of children and very recently there has been an increasing service available in child psychiatry. The preventive focus of the Bureau of Mental Hygiene has been a much needed and valuable one.

Another suggestion of Dr. Ebaugh's eventually came into being in the form of the Mental Hygiene Society of Hawaii. This non-profit health agency was organized through the joint efforts of the Psychiatric Committee of the Hawaii (Territorial) Medical Association and the Honolulu Council of Social Agencies in 1942. Direct contributions and Community Chest funds have sustained it. The main activities of this organization have paralleled those of the National Association for Mental Health by using public educational methods to help attain the aims of community mental health and of stimulating interest in adequate treatment agencies. Its influence on the development of psychiatry in the islands has been subtle, but important. The official name is now the Mental Health Association of Hawaii.

Recent Developments

World War II prevented further growth in the psychiatric field for a few years, but almost immediately after the war, starting in about 1946, a rapid surge of growth of our psychiatric facilities was noted. The private practice of psychiatry as a specialty received more interest, and additional offices opened one by one. The Territorial Hospital in Kaneohe was able to further modernize and develop its treatment program. The year 1948 marked the organization of the Neuro-Psychiatric Society of Hawaii, which now has a membership of approximately 22. The approximate total number of psychiatrists in Hawaii, including 10 at the Territorial Hospital and those at Tripler Army Hospital, is 28.

Associated professional fields have their own history of development in the Territory. From the general field of social work has come the valuable specialty of psychiatric social work. From the general field of psychology has come the theoretical and practical specialized help of clinical psychology. In Hawaii, the development of the field of clinical psychology has somewhat lagged behind psychiatric social work. This is partly due to the lack of complete graduate training in clinical psychology at the University of Hawaii. The development of this field, as well as that of psychiatry in general, has been significantly handicapped by the lack of local university training facilities, for doctors and clinical psychologists. The employment of certain other special personnel in the psychiatric field has also been retarded by local dependence on mainland training centers for these people. In spite of these difficulties, the related fields of professional work have aided local psychiatry to develop in depth and in breadth.

1956 sees the opening of a treatment center for emotionally disturbed children at Susanna Wesley Home; a coordinated psychiatric residency training program participated in by Territorial Hospital, Queen's Hospital and the Bureau of Mental Hygiene; more research activity and more public support at Territorial Hospital, the intensification of educational and consultation work with schools and social agencies by the Division of Mental Hygiene, and a general ferment of professional psychiatric activity.

Since Dr. Ebaugh's study 20 years ago, many of his recommendations have been carried out. We are now on the road to greater coordination of community psychiatric services, and the medical profession is still striving for public support of appropriations large enough to provide proper public psychiatric facilities which would meet the minimum American Psychiatric Association treatment standards.

Hawaii can look back with pride at the progress in private and public psychiatric care during the past century, and she can look forward with anticipation to further accomplishments in the field.



CLARENCE E. FRONK, M.D.

The President's Page

My time as your president is rapidly drawing to a close. It has been a year of much work and, I hope, some few accomplishments. The routine work is growing heavier each year. The preparation for the Centennial program entails, as you well know, an enormous amount of work and planning. Nothing could have been accomplished without the loyalty and active cooperation of each committee member, both lay and professional. They have given of their time and thought to the fullest extent. For this I am profoundly grateful, and will always be in their debt.

To Mrs. Bennett, our Executive Secretary, my fondest *mahalo,* and a respectful salute for her detailed knowledge of her duties, and her enormous capacity for work. Above all, however, for her genial personality and real leadership.

At times I have been tempted to look with alarm at the seeming unrest among some of our members, but this phase too will pass, I am sure, for we all well know that we cannot fulfill our destiny without a united front. Words cannot express the gratitude I feel for the high honor you bestowed upon me. I pass the gavel into the hands of my worthy successor and lay down the robes of office. The memories of this service will grow brighter with the passage of time.

Clarence E. Fronk

Hawaii
MEDICAL JOURNAL
OFFICIAL PUBLICATION OF THE
HAWAII MEDICAL ASSOCIATION

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[EDITORIALS]

California: Sister Centenarian

The California and Hawaii Medical Associations both complete their first hundred years in 1956—and start in on their second century. We herewith extend congratulations to our sister centenarian on this significant and joyful occasion.

California doctors organized in March of 1856 to deter inadequately trained doctors from attempting to enter practice there. Perhaps word of this organization, reaching Hawaii a month or two later, may have had something to do with impelling our founders to ask for a charter of incorporation in May of that year, just two months later.

The California Association, unlike the Hawaiian Medical Society, failed to hold any meetings for several years after it had been organized, according to an editorial in the January issue of *California Medicine*. This is said to have been caused by feuding over fee schedules. Hawaii's doctors held at least one more meeting after their society was founded.

California Medicine's Editor, Dwight Wilbur, hopefully suggests that perhaps the first hundred years have been, as they are traditionally supposed to be, the hardest. We hope he's right. But we'll bet they haven't been the most interesting!

New York: Sesquicentenarian

The JOURNAL congratulates the Medical Society of the County of New York on being 150 years old this year. Their Sesquicentennial Celebration is scheduled for April 5, 1956.

Associations, like the Chinese people and unlike most women, take pride in advanced years, and very properly so. The individualism of physicians entitles medical associations to take special pride in their ability to survive for long periods of time.

Hawaii and California take pride in passing the century mark; but it is hard for the young West to beat the east coast when it comes to age. In 1806, when New York County's Medical Society was founded, San Francisco was only a small town; Los Angeles' smog troubles had barely begun; and Honolulu was a little whaling port with a handful of resident missionaries.

New York County's Society is not only one of the nation's oldest, being older than the A.M.A. itself; it is also the nation's largest county society, with 7,000 members. And it operates in the spotlight of the nation's greatest concentration of press, radio and television services. What it does, or fails to do, reflects upon American medicine generally. We may well compliment our senior sister, not only on the occasion of her 150th birthday, but also on the stature she has achieved and maintained in her great community and in the U.S.A. Aloha, New York!

Message to the Hawaii Medical Association*

The Nurses' Association, Territory of Hawaii, extends sincere congratulations to the Hawaii Medical Association on the occasion of its centennial celebration.

Hawaii's health record over the years has been a good one and Island doctors deserve high commendation for the important part they have played

* See page 375.

in bringing this about. They are to be complimented on their amazing progressiveness, remarkable spirit of self-sacrifice, high standards of medical practice, signal kindliness and wonderful cooperation. Not only have they been relentless in their efforts to acquire new knowledge and greater skill in treating illness but they have given due consideration to the important areas of prevention and rehabilitation. Hawaii can be justly proud of the high caliber of medical competence of both its general practitioners and its specialists.

The life of a doctor is not an easy one. Perhaps no group realizes this as well as members of the doctors' immediate families and professional nurses. Nurses are in a position to appreciate what is entailed in the long irregular hours of work and the heavy responsibilities that are part and parcel of the lives of countless local doctors. These physicians and surgeons have won the respect of the nurses of Hawaii. We are proud to work with them and we look up to them for the best in medical care when we ourselves or members of our families are ill. We believe that the people of Hawaii are unusually fortunate in the choice of physicians and surgeons available to them.

We hope that the esprit de corps that now exists among Island doctors and nurses continues and increases. With so much accomplished within the first century of operation, the Hawaii Medical Association can look forward to great achievement in the future. May God bless all its efforts with success and grant abundant peace, happiness and prosperity to each and every member of this extraordinary organization.

SISTER MARY ALBERT, O.S.F.
President, Nurses' Association Territory of Hawaii, Inc.

Fourteen-Year Index

The cumulative index to volumes one through fourteen (1941-1955) of the HAWAII MEDICAL JOURNAL, which occupies a substantial portion of this Centennial Issue, is largely the work of Mrs. B. Allen Richardson and her special committee from our Territorial Woman's Auxiliary—Mrs. Clarence Chang, Mrs. Homer Izumi, Mrs. Ivar Larsen, and Mrs. Richard Sakimoto. Mrs. Ethel Hill, Head Librarian of the Charles R. Adams Memorial Library of the Honolulu County Medical Society, gave helpful advice and double checked every page of the JOURNAL and every file card before the entries were typed and sent to the printer.

The entries are listed by title, under the key word or words, rather than by subject; editorials are listed separately in the same manner; and authors are in a list by themselves. Book reviews were not included.

The JOURNAL takes pride in being able to make this invaluable reference device available to its readers and to librarians, and we are most grateful to Mrs. Richardson and her committee, and to Mrs. Hill, for making it possible.

"United Fund" Appeals

Community Chest drives have been taking care of general charitable needs in most American cities on a once-a-year basis for several decades now. They provide a kind of publicity and prestige that many of the smaller organizations they serve could not command except at prohibitive cost. They frequently fall short of their goals, with the result that member agencies have to trim their budgets more closely, and conduct supplementary drives (not for funds, but for "membership dues"). Member organizations that want to expand their facilities to take care of increasing needs and demands are apt to be out of luck. But on the whole, the Community Chests do an effective and useful job.

The six major voluntary health organizations —The American Red Cross, The American Cancer Society, The American Heart Association, The National Foundation for Infantile Paralysis, The National Tuberculosis Association, and The National Society for Crippled Children and Adults— have for the most part remained independent of Community Chests, and conducted their own individual drives for funds. A good many Community Chest organizations have been willing to blame their own failure to meet their goals in part, at least, on competition from the Big Six, and a good many citizens have thought, and said, that the public should be protected from the nuisance of multiple appeals. Pressure from these sources has often, since World War II, been exerted on health organizations in order to persuade them to conduct fund appeals under the United Fund or Extended Federation Campaigns.

One argument for federation of health organization drives is that they permit saving in fund drive expenses. These average from 6 to 15% of the gross for the six major health agencies. They average around 8% for the federated drives. In 1955 Honolulu's Community Chest drive cost 7.9% of the total collected. So the federated drives are somewhat cheaper, though the amount saved hardly seems worth the loss of identity and individual publicity it entails for the organizations

concerned. How many Community Chest organizations can *you* identify?

A second argument is that federated drives can raise about as much money as the individual drives. They can't; at least, they usually haven't. An article by Harold Donohue in last January's *Pageant* gives some examples of this. The Heart Association chapter in Buffalo was alloted $54,000 in 1953 by the federated drive there. In 1954 they requested $90,000. They were offered the same amount they had received the year before. They left the federated drive, and raised $154,000 on their own. Another example: heart groups in 1954 raised four times as much money independently in Ohio as they raised under federated drives in equally populous Michigan.

Another argument is that individual health organization drives sometimes take in too much money—more than the need they fill can justify. Perhaps one or two of them do, occasionally or even as a rule. But this is the result, really, of the decisions of individual donors—and haven't they the right to distribute their own money as they wish? We think they do.

Perhaps the strongest argument of all from the standpoint of the would-be federators is that they know better than you do how your gifts to health agencies ought to be allocated, so you ought to let them make the decisions for you. This is also the weakest argument of all from the standpoint of the donor. It is more than just the donor's right to decide where his money shall go—it's his *duty* to decide it. He should give what he pleases (and can afford) to whom he pleases. As Mr. Donohue puts it, one of the most underrated freedoms is the ability to say "No." Don't give it up!

Thank You, Lilly

The firm of Eli Lilly and Company graciously relinquished its usual space on the front cover, for this Centennial Issue of the JOURNAL, in exchange for the preferred space below. We thank Lilly herewith for this kind gesture.



Past Presidents

of the

Hawaii Medical Association

1856 †Dr. Robert W. Wood
1857 †Dr. Robert W. Wood
1858 †Dr. Robert W. Wood

* * *

1892 †Dr. John S. McGrew
1893 †Dr. John S. McGrew
1894 †Dr. John S. McGrew
1895 †Dr. John S. McGrew
1896 †Dr. John S. McGrew
1897 †Dr. George P. Andrews
1898 †Dr. C. B. Wood
1899 †Dr. C. B. Cooper
1900 †Dr. W. E. Taylor
1901 †Dr. W. E. Taylor
1902 †Dr. W. E. Taylor
1903 †Dr. H. C. Sloggett
1904 †Dr. W. L. Moore
1905 †Dr. J. T. McDonald
1906 †Dr. J. T. Wayson
1907 *†Dr. A. G. Hodgins
1908 †Dr. A. N. Sinclair
1909 †Dr. F. Howard Humphris, res.
†Dr. J. R. Judd, res.
†Dr. Victor E. Collins
1910 †Dr. St. D. G. Walters
1911 †Dr. W. G. Rogers
1912 †Dr. W. C. Hobdy
1913 †Dr. J. S. B. Pratt
1914 †Dr. H. V. Murray
1915 Col. F. P. Reynolds
1916 †Dr. E. D. Kilbourne
1917 †Dr. I. J. Shepherd
1918 †Dr. Hubert Wood
1919 †Dr. H. H. Blodgett
1920 †Dr. A. F. Jackson
1921 †Dr. F. L. Putman
1922 †Dr. G. A. Batten
1923 Dr. J. E. Strode
1924 Dr. F. J. Pinkerton
1925 †Dr. C. B. Wood
1926 †Dr. A. N. Sinclair
1927 †Dr. A. G. Hodgins
1928 †Dr. James R. Judd
1929 Dr. F. J. Pinkerton
1930 †Dr. Fred Irwin
1931 Dr. J. E. Strode
1932 †Dr. G. A. Batten
1933 †Dr. A. C. Rothrock
1934 †Dr. G. M. Van Poole
1935 †Dr. Guy C. Milnor
1936 Dr. Lyle G. Phillips
1937 Dr. Thomas Keay
1938 Dr. H. L. Arnold, Sr.
1939 Dr. William T. Dunn
1940 Dr. Paul Withington
1941 †Dr. A. L. Craig
1942 Dr. R. O. Brown
1943 Dr. Douglas Bell
1944 Dr. Eric A. Fennel
1945 Dr. Eric A. Fennel
1946 Dr. Jay M. Kuhns
1947 Dr. Robert B. Faus
1948 Dr. Joseph Palma
1949 Dr. H. E. Crawford
1950 Dr. Rogers Lee Hill
1951 Dr. Harry L. Arnold, Jr.
1952 Dr. R. J. McArthur
1953 Dr. Edwin K. Chung-Hoon
1954 Dr. Nils P. Larsen
1955 Dr. C. E. Fronk

† Deceased
* President Emeritus, 1945

In Memoriam --- Doctors of Hawaii

In 1952 Mrs. J. Warren White and her Project Committee of the Woman's Auxiliary to the Honolulu County Medical Society suggested a historical scrapbook as an Auxiliary project. In the fall of that year, a committee was formed, headed jointly by Mrs. Robert Katsuki and Mrs. White.

This project grew to such proportions that the help of the Auxiliaries on the other islands was needed in checking sketches of doctors who practiced on their islands. Consequently, the Territorial Auxiliary was asked to direct the project. They agreed to do this and also to pay for the expenses of typing and binding these sketches for presentation at the Centennial. Mrs. White has served as chairman for the Territorial Auxiliary since 1954 and acted as a clearing house for sketches to the other islands.

The Honolulu County Auxiliary committee under Mrs. Katsuki has, with a few exceptions, compiled all the sketches and is responsible for the original research. The work of the Territorial Auxiliary under Mrs. White (who has no committee) and that of the Honolulu *In Memoriam* committee have been very closely integrated. Mrs. White has continued to sit on the Honolulu committee as an active member, while Mrs. Katsuki has continued to head this group. In fact, so close is the affiliation that it is difficult to know where the one leaves off and the other begins.

During the years the following have served on the Honolulu committee: Mrs. Kikuo Kuramoto, Mrs. Peter Washko, Mrs. Fred Lam, Mrs. John Milnor, Mrs. Leslie Vasconcellos, Mrs. Robert Johnston, Mrs. George Garis and Mrs. Vernon Boido. Mrs. Motokazu Mori, Mrs. Kyuro Okazaki and Mrs. Herbert Takaki have served as a subcommittee for the biographies of the Japanese doctors in all the islands. Mrs. Nicholas Steuermann is chairman for the Hawaii Auxiliary, Mrs. Joseph M. Sowers for the Maui Auxiliary and Mrs. J. M. Kuhns is in charge on Kauai, which has no auxiliary.

Over 200 sketches, covering a period from 1793 up to the present time, are to be presented to the Hawaii Medical Association. The JOURNAL takes pride in being able to present herewith biographic sketches of nine of the ten signers of the original petition for incorporation of the Hawaiian Medical Society. The life of the tenth, Thomas Welsh, is a mystery of which no record can be found.

Mrs. Katsuki and Mrs. White, and their hard-working committee, are to be highly commended on the monumental task they have gone so far toward accomplishing. Mrs. Katsuki has already been honored for it by being elected an Honorary Member of the Woman's Auxiliary to the Honolulu County Medical Society.

William Hillebrand

Wilhelm (or William, as he was known in this country) Hillebrand was born in Nieheim, Westphalia, Prussia, on November 13, 1821. He was the son of Judge Franz Joseph Hillebrand and Louise Pauline (Koenig) Hillebrand.

Completing his early education at Nieheim, William studied in Goettingen, Heidelberg and Berlin. After receiving his medical degree in Berlin, Dr. Hillebrand began his practice in Paderborn, Germany.

A few years later illness, presumably pulmonary tuberculosis, forced him to look for a more healthful climate. In this search he sailed to Australia and then to the Philippines. In Manila he resumed the practice of medicine until declining health again induced him to travel, this time to San Francisco. From San Francisco he came to Hawaii, arriving in 1851, and soon found his health much improved.

On November 16, 1852 Dr. Hillebrand married Anna Post, the stepdaughter of Dr. Wesley Newcomb. Two sons were born to the Hillebrands, William Francis and Henry Thomas.

Dr. Hillebrand was soon successfully established and numbered the royal family among his patients. He was a physician at The Queen's Hospital for most of the time from its founding by Queen Emma until his departure from the Islands. He was also a member of the Board of Health and connected with the Insane Asylum. In partnership with J. Mott-Smith, he owned a drug store which stood at Hotel and Fort Sts.

Dr. Hillebrand was one of the signers of the charter of incorporation of the Hawaiian Medical Society in 1856.

In 1877, he arranged for the emigration of workers from Madeira, and the Azores, to Hawaii. This pioneer group of 180 Portuguese reached Honolulu on September 30, 1878.

Long associated with the Royal Hawaiian Agricultural Society, of which he was corresponding secretary, Dr. Hillebrand arranged for the introduction of desirable seeds such as monkeypod and royal palm. The Agricultural Society and the Planters' Association jointly appropriated $500, a large sum in those days, for the introduction of worthwhile plants and animals to be chosen by Dr. Hillebrand on his trip of 1865. The

Hawaiian Gazette for July 28, 1866 reports that the doctor had forwarded 10 Wardian cases from Singapore, nine from Calcutta, one from Ceylon, eight from Java and two from China. Included in the collection were camphor, cinnamon, jak fruit, litchi, mandarin orange, Chinese plum, Java plum, several kinds of eugenias and banyans as well as a considerable number of other useful or ornamental plants. He likewise imported carrion crows, goldfinches, Japanese finches, linnets, mynah birds, Chinese quail, rice birds, Indian sparrows, golden, silver and Mongolian pheasants, and a pair of deer each from China and Java.

Many rare trees, planted by the doctor himself, are still to be seen on the grounds of Queen's Hospital. Foster Gardens on Nuuanu St., which was Dr. Hillebrand's former home, houses another collection of exotic trees planted by the doctor.

In his 20 years' residence in the Hawaiian Islands, Dr. Hillebrand visited all the larger islands, botanizing whenever possible. He carefully preserved and studied these plants as well as those which correspondents on various islands sent him. He maintained his interest in island flora until his death. A lovely native begonia is named Hillebrandia after the doctor.

In the winter of 1871-1872 Dr. Hillebrand lived in Cambridge, Massachusetts, to begin with Prof. Gray's* assistance the manuscript of his monumental "Flora of the Hawaiian Islands: A Description of their Phanerogams and Vascular Cryptogams." Some 250 species of rare plants, then unknown to the botanical world, were described.

Thereafter Dr. Hillebrand traveled extensively in Germany, Switzerland, Madeira and Teneriffe. He finally returned to Heidelberg where he had spent such happy student years, to end his days.

Though already painfully ill for two years, he managed to complete writing much of his manuscript, submitting part of it to "Carl Winer, University-Bookseller." Dr. Hillebrand had the satisfaction of correcting the first few pages of proof before he died on July 13, 1886 in Heidelberg. At the time of his death he was 64.

His son, Dr. William F. Hillebrand, chemist, with the help of Prof. E. Askernasy of Heidelberg, carefully and expertly edited the work, publishing it posthumously in 1888.

Gerrit Parmele Judd

Gerrit Parmele Judd was born April 23, 1803 at Paris Hill, Oneida County, New York. He was the son of Elnathan and Betsy (Hastings) Judd.

His medical education was received at Medical College, Fairfield, New York, and at the College of Physicians and Surgeons in New York.

On September 20, 1827 Dr. Judd married Laura Fish at Clinton, New York. They became the parents of nine children: Gerrit P., Jr., Elizabeth Kinau, Helen Seymour, Charles Hastings, Laura Fish, Allan Wilkes, Albert Francis, Sybil Augusta and Juliet Isabelle.

Dr. and Mrs. Judd were members of the Third Missionary Company which sailed from Boston November 3, 1827 on the "Parthian" and arrived in Honolulu March 30, 1828 after a voyage of 148 days.

As a surgeon and physician of the American Board of Missions, Dr. Judd served for 14 years until he resigned in May, 1842 to enter the service of King Kamehameha III. Dr. Judd played a prominent part in many history-making events as adviser to the King from 1842 to 1853. Successively, he occupied virtually every important government post.

In May, 1842 he became recorder and translator for the government as well as president of the Treasury Board.

When Lord George Paulet of England took possession of the government in 1843, Dr. Judd feared the seizure of the state papers and removed them from the government house and concealed them in the royal mausoleum. There at night, by the light of a ship's lantern, he secretly carried on government business. During this period Dr. Judd was appointed one of the Joint Commission to replace the King, but he soon resigned when the Commission was bent on abrogating salutary laws restraining licentiousness and crime.

Admiral Thomas restored sovereignty to King Kamehameha III on July 31, 1843, and Dr. Judd was invited by the King to serve as Minister of Foreign Affairs in November of the same year. He became Minister of Interior March 3, 1845 and Minister of Finance on April 15, 1846.

Dr. Judd was the first to realize that the white people who made Hawaii their home must become subjects and supporters of the Hawaiian king if the Hawaiian state was to be saved from absorption by France, England or some other power. On March 9, 1844 Dr. Judd and John Ricord, the King's Attorney General, were the first to forswear allegiance to their native lands and become Hawaiian subjects. The doctor's entire life was devoted to the creation of strong constitutional government for Hawaii.

In 1849-1850 Dr. Judd went on a diplomatic mission to negotiate treaties with France, England, Belgium and the United States guaranteeing the independence of the Hawaiian Islands. Accompanying him were the two princes, Alexander and Lot, who later became King Kamehameha IV and King Kamehameha V.

When he entered the service of the government he found it encumbered with debts and paying exorbitant interest. By a system of prudent economy he paid off these debts and established for the Hawaiian government an enviable financial reputation. It was Dr. Judd who represented the King and handled all of the money for the building of the Kawaiahao church, aiding also in the planning of the structure and the supervision of its construction.

Dr. Judd sat in the legislature as a Noble from 1843 to 1853, and in 1858 and 1859 he served as a representative.

The doctor was one of the founders of Punahou School in 1841. He personally supervised the erection of the first building and served as one of the first trustees.

A master of the Hawaiian language, Dr. Judd translated from English into Hawaiian books on hygiene and the life of Abraham Lincoln. He also assisted in the translations of the Scriptures.

Again it was Dr. Judd who conceived the idea of independent ownership of the land by the Hawaiian people and persuaded the King to make the great division of the lands.

Because his efforts were all devoted to aiding the Hawaiian government he incurred the enmity of that faction who desired a weak government as an end toward annexation by the United States. In 1853 during the great smallpox epidemic some 3,000 natives died. Although Dr. Judd and Rev. Richard Armstrong worked valiantly to stem the tide they were picked as scapegoats and were even accused of introducing the scourge. Using

* Asa Gray, a professional botanist at Harvard, had described some new plants collected in the Hawaiian Islands chiefly by the U. S. exploring expedition under Commander Wilkes.

Centennial Meeting

HAWAII MEDICAL ASSOCIATION

1856 - 1956



Reef Hotel HONOLULU, HAWAII April 22 - 29, 195

PROCLAMATION

WHEREAS, In the year 1856 King Kamehameha IV granted a charter of incorporation to the doctors of the Kingdom of Hawaii; and

WHEREAS, A whole century has passed since this official recognition of the organization of a medical society in Hawaii; and

WHEREAS, During this century doctors have contributed greatly to improve the health and welfare of Hawaii; and

WHEREAS, During that period the profession has aimed at the highest standard of service and has helped achieve some of the best health records in the world; and

WHEREAS, Doctors in industry in Hawaii have developed the highest type of industrial medicine;

Now, Therefore, I, Samuel Wilder King, Governor of Hawaii, do hereby proclaim the week of April 22-29, 1956, as Hawaii Medical Centennial Week, and do call upon the people of Hawaii to help celebrate this Centennial.

Done at Iolani Palace, Honolulu,
Hawaii, this 9th day of March, 1956.

Samuel Wilder King.

Governor of Hawaii



His Excellency
Samuel Wilder King
Governor of Hawaii

OFFICERS OF THE HAWAII MEDICAL ASSOCIATION



Webster Boyden, M.D.
President-Elect
Born in Silver City, Utah, 1895. Washington University Medical School, 1923. Practiced in Hawaii since 1923.



Clarence E. Fronk, M.D., F.A.C.S.
President
Born in Conway, Iowa, 1883. St. Louis University Medical School, 1906. Practiced in Hawaii since 1922.



William S. Ito, M.D.
Secretary
Born in Portland, Oregon, 1914. University of Oregon Medical School, 1939. Practiced in Hawaii since 1941.



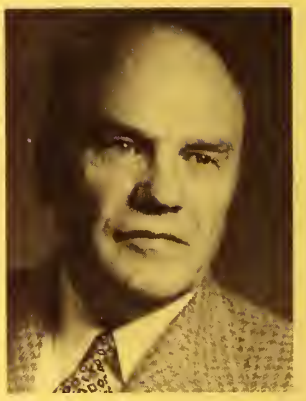
Hong Quon Pang, M.D.
Treasurer
Born in Honolulu, Hawaii, 1903. Northwestern University 1928. Practiced in Hawaii since 1928.

A MOST hearty aloha is extended to all those who celebrate with us the Centennial of the Hawaii Medical Association. We are privileged to be among those who mark the completion of a Century of Medical Progress in Hawaii. Let us look forward to still greater contributions toward the health and welfare of all the peoples of our beloved islands in the years to come.

COMMITTEES

Centennial Committee

Nils P. Larsen, M.D., *Chairman*
Clarence E. Fronk, M.D.
R. K. C. Lee, M.D.
Paul Withington, M.D.
R. Uyeno, M.D.
Walter Quisenberry, M.D.
R. C. Durant, M.D.
Fred Lam, M.D.
R. B. Faus, M.D.
John Felix, M.D.
Toru Nishigaya, M.D.
L. A. R. Gaspar, M.D.



Nils P. Larsen, M.D., F.A.C.P.
Chairman of Centennial Committee
Born in Stockholm, Sweden, 1890. Cornell University Medical College, 1916. Practiced in Hawaii since 1922.

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Webster Boyden, M.D.
Clarence E. Fronk, M.D., Ex-officio



W. Harold Civin, M.D.
Chairman, Scientific Program Committee
Born in Omaha, Nebraska, 1916. University of Nebraska College of Medicine, 1940. Practiced in Hawaii since 1951.

WOMAN'S AUXILIARY TO THE HAWAII MEDICAL ASSOCIATION

THE MEMBERS of the Woman's Auxiliary are happy to have been able to assist in some small way in carrying out some of the projects of the Hawaii Medical Association and in helping with the forthcoming Centennial Celebration. It is our privilege to continue to serve the doctors in whatever way we can in the years to come.



Mrs. W. J. Holmes
President
Woman's Auxiliary to the
Hawaii Medical Association



Mrs. Homer R. Benson
President
Woman's Auxiliary to
the Honolulu County
Medical Society



Mrs. P. H. Liljestrand
Centennial Chairman
Woman's Auxiliary

THE EFFECT OF RACE, CLIMATE, AND DIET ON DISEASE

Guest Speakers



George F. Strong, M.D.
Vancouver, B. C., Canada
Chairman, Panel Discussion
President, American College of Physicians



Elmer Hess, M.D.
Erie, Pennsylvania
Chairman, Panel Discussion
President, American Medical Association



Edward L. Bortz, M.D., LL.D.
Philadelphia, Pennsylvania
President, American Medical Association, 1947-1948
To speak on:
Race and Differential Aging



B. J. Duffy, Jr., M.D.
Washington, D. C.
Assistant Professor of Medicine and Director, Isotope Laboratory, Georgetown University Hospital
To speak on:
Is There a Future Danger to the Human Race from Fall-out Radioisotope Particles?



Andrew Ivy, M.D., LL.D.
Chicago, Illinois
Professor of Physiology, University of Illinois
To speak on:
Physiological Differences Possibly Produced by Diet and Race



John B. Levan, M.D.
Reading, Pennsylvania
Chief, Cardiology and Director of Medicine, St. Joseph's Hospital, Reading, Pennsylvania and Clinical Professor of Medicine, Woman's Medical School, Philadelphia
To speak on:
Effect of Race, Diet and Climate on Cardiovascular Disease



George Piness, M.D.
Los Angeles, California
Associate Professor of Clinical Medicine, University of Southern California
To speak on:
Effect of Climate, Food and Race in Allergic Diseases



Frederick L. Reichert, M.D.
San Francisco, California
Professor of Surgery and Chief, Division of Neurosurgery, Stanford University School of Medicine
To speak on:
Buerger's and Raynaud's in Regard to Race in the Newer Concepts on these Syndromes



Paul Reznikoff, M.D.
New York City, New York
Professor of Clinical Medicine, Cornell University Medical College
To speak on:
Effect of Race, Climate and Diet on the Hematopoietic System



Kaare Rodahl, M.D.
Alaska
Director of Research, Arctic Aeromedical Laboratory, Alaska
To speak on:
Effect of Race, Diet and Climate on Cardiovascular Disease



Laurence H. Snyder, M.D.
Oklahoma City, Oklahoma
Dean of the Graduate College and Professor of Medical Genetics, University of Oklahoma Medical School
To speak on:
Genetics and Disease



William B. Terhune, M.D.
New Canaan, Connecticut
Associate Clinical Professor of Psychiatry, Yale University
To speak on:
The Relation of Climate, Diet and Racial Cultural Differences to Emotional Problems



Harry A. Wilmer, M.D.
Oakland, California
U. S. Naval Hospital, Oakland
To speak on:
The Relation of Climate, Diet and Racial Cultural Differences to Emotional Problems

Member Speakers



Edwin K. Chung-Hoon, M.D.
Honolulu, Hawaii
Dermatologist
Hansen's Disease Hospital Superintendent
Division of Hansen's Disease, Board of Health
To speak on:
Racial Aspects of Leprosy and Recent Chemotherapeutic Advances



Richard K. C. Lee, M.D.
Honolulu, Hawaii
President, Board of Health
To speak on:
One Hundred Years of Public Health in Hawaii



F. J. Pinkerton, M.D.
Honolulu, Hawaii
Ophthalmologist
Director-General, Pan-Pacific Surgical Association; President and Director, Blood Bank of Hawaii
To speak on:
Incidence of Blindness in Hawaii

this as a lever, the opposing faction was able to force Dr. Judd's retirement from government service.

During the rest of his life he practiced medicine and engaged in plantation and other business ventures except for the period when he served in the House of Representatives.

In 1856 he was one of the signers of the charter of incorporation for the Hawaiian Medical Society.

On July 17, 1860 the cornerstone of Queen's Hospital was laid. Dr. Judd's influence was felt in fulfilling this great need, and he served as one of the first trustees.

Dr. Judd died on July 12, 1873 in Honolulu at the age of 70 and less than a year after the death of his wife.

Aptly descriptive of his lifetime work, the epitaph on his tomb in Nuuanu Cemetery reads, "Hawaii's Friend."

George A. Lathrop

Dr. George A. Lathrop, a native of New York, arrived in the Islands in the late '40s. By 1850 he had established a drug store which was located on Merchant Street.

Dr. Lathrop was among the members of the first Board of Health, organized December 13, 1850 by order of Kamehameha III.

In May, 1852, Dr. Lathrop conducted with Dr. Seth Porter Ford a Hydrop establishment in Nuuanu Valley as a private hospital. After a short time they separated and conducted distinct offices and drug stores.

The doctor was active not only as a physician, surgeon and druggist but was active in politics. Dr. Lathrop led the movement which drove Dr. G. P. Judd from political life. Dr. Judd had forced compulsory vaccination upon the Hawaiians and other residents. Many blamed the spread of leprosy upon the vaccinations. Dr. Lathrop was one of the Committee of 13 who indignantly blamed Dr. Judd for all the troubles of the time. On July 20, 1853, he called a mass meeting to discuss dismissing Dr. Judd and the Reverend Richard Armstrong, a missionary, from government office on the grounds of "selfish cupidity, political imbecility and malfeasance in office." A petition was drawn up and signed by 260 white men and 12,200 natives. Armstrong was kept in office but Dr. Judd was dismissed.

By 1855 Dr. Lathrop was in charge of the Marine Hospital located on Punchbowl Street.

In 1856 he was one of the signers of the charter of incorporation of the Hawaiian Medical Society.

He returned to the United States in 1859, but came back to Honolulu in 1876. Dr. Lathrop died September 1, 1877 at Wailuku, Maui.

Robert McKibbin

Robert McKibbin was a native of County Down, Ireland. He received his primary education from private tutors. He then entered the Royal Academic Institute in Belfast. After attending college for five years, he graduated at the age of 24 with honors from the Royal College of Physicians and Surgeons.

Soon after becoming an M.D., Dr. McKibbin accepted a position as physician and surgeon on steamers of the Peninsula and Oriental Steamship Co. In this capacity he was able to visit Bombay, Madras, the Malaccas, China, India, Australia and the Straits country.

In 1856 Dr. McKibbin came to Honolulu where he had several relatives, and was so impressed that he decided to settle here. With the exception of one trip to the British Isles and the continent he never again left Hawaii.

During the reign of Kamehameha IV he was appointed private physician to the royal family.

Dr. McKibbin was a signer of the charter of incorporation of the Hawaiian Medical Society in 1856.

For several years he held the position of physician to The Queen's Hospital.

Dr. McKibbin became a naturalized subject of the Kingdom of Hawaii, and was deeply interested in the affairs of his adopted country. However, he held aloof from politics. During and after the revolution of 1893, Dr. McKibbin was known as a Royalist but not as an offensive partisan.

He became interested in the sugar industry and was president of a sugar company.

Dr. McKibbin died April 3, 1901 in Honolulu.

"The Hawaiian Gazette" of April 5, 1901 reports of the doctor, "although blunt and sometimes brusque of manner, he was a man of generous impulses and kindness of heart."

Thomas Charles Byde Rooke

Thomas Charles Byde Rooke was born May 18, 1806 in Bengeo, Hertford, England. He was educated at a branch of Christ's College Hospital in Hertford. Later he studied in London.

Dr. Rooke signed on as surgeon on a whaling ship bound for the South Seas. In 1829 he first landed in the Islands at Lahaina. After another season's cruise, the ship landed in Honolulu. Dr. Rooke was earnestly requested by the inhabitants to remain and establish himself in his profession. With his captain's concurrence, he consented.

In 1830 Dr. Rooke married Grace Kamaikui, the second daughter of Mr. John Young, English friend and counselor of Kamehameha I. Dr. and Mrs. Rooke had no children, but, according to ancient custom, they adopted a daughter, the baby of Mrs. Rooke's sister. It was this much beloved adopted daughter who became Queen Emma in 1856.

Dr. Rooke was physician to the Court. He was also a member of the Board of Health.

On May 20, 1858 he became a member of the Privy Council of State. He served twice as a representative of the people for the district of Kona, Oahu, in the National Legislature from 1851 to 1855. During a portion of Kamehameha III's reign, Dr. Rooke was Chamberlain to the Royal Household.

He was one of the ten signers of the charter of incorporation of the Hawaiian Medical Society.

Dr. Rooke was one of the pioneers in the cultivation of coffee plantations. Another of his interests was meteorology.

After residing in the Islands for nearly 30 years, Dr. Rooke died November 28, 1858 at Kailua, Hawaii, at the age of 52.

He held the highest degrees in the Odd Fellows and Masons, and was one of the oldest members of the Mechanics' Benevolent Union.

Dr. Rooke was impressed with the need for hospitals for sick natives, and he threw open the doors of his dispensary to many who could not otherwise have procured advice or medicines.

Robert W. Wood

Robert W. Wood was a graduate of Waterville College (now Colby) in 1829. He received his medical degree from Bowdoin College in 1832.

Sailing from Boston in October 1838, Dr. Wood arrived in Honolulu on April 6, 1839, the first American non-missionary doctor to settle in Hawaii.

Dr. Wood was appointed by the American Consul as physician for the Hospital for Seamen at Honolulu, a position he held from 1839 to 1849. In 1847 he opened Hawaii's first public pharmacy.

Dr. Wood was married and the father of one son.

From 1849 to 1866 Dr. Wood was engaged in the growing and manufacture of sugar. The doctor succeeded to Koloa Plantation on Kauai on the failure of Ladd & Company, of which he was a large creditor. In 1866 Dr. Wood left the Islands, and from 1872 he made his home in Jamaica Plain, near Boston, where he died on January 4, 1892.

Dr. Wood was one of the signers of the charter of incorporation of the Hawaiian Medical Society in 1856, and was its first president. He was also one of the founders of the Royal Hawaiian Agricultural Society.

Edward Hoffmann

Edward Hoffmann was born at Oldenburg, Germany, on October 21, 1813. Coming to the Islands as a physician on a German whaleship in 1847, Dr. Hoffmann located in Honolulu and was associated with Dr. Robert W. Wood. On November 1, 1849 Dr. Hoffmann was married to Miss Maria L. Morse. The wedding was performed by the Rev. S. C. Damon at the residence of Dr. Wood.

Dr. Hoffmann was a member of the first Board of Health, organized on December 13, 1850 by order of Kamehameha III by and with the advice of the Privy Council. Along with this medical practice the doctor had a drug store on the site later occupied by the Bishop bank. At one time he was physician at the Insane Asylum and at Oahu prison.

Dr. Hoffmann was one of the ten doctors who signed the charter of incorporation of the Hawaiian Medical Society, in 1856.

For 25 years Dr. Hoffmann was prominent in social affairs in Honolulu. He was a fine musician and an excellent judge of a good piano. From 1849 up to the '70s scarcely a social event took place in which he was not a prime mover.

For a great many years he was consul for Austria-Hungary.

In 1881 Dr. Hoffmann retired from active practice, and he died March 25, 1888 in Honolulu at the age of 75.

Charles F. Guillou

Before coming to the Islands, Dr. Charles F. Guillou was a navy doctor for some 17 years. We do not know just when he arrived, but he was in practice in Honolulu during the 1850's.

Dr. Guillou was a signer of the charter of incorporation of the Hawaiian Medical Society in 1856, and was elected the first secretary of that group.

In October 1857 he was appointed consular physician by the American consul, Judge Pratt, and in this capacity took charge of the hospital for American seamen.

As a sidelight on the doctor's activities, the "Pacific Commercial Advertiser" of April 29, 1858 carries a story about a speech given by him before the Honolulu Lyceum, the subject of which was: "What measures are best adapted for the efficient distribution of medical relief among the inhabitants native and foreign, of these islands; and how are such measures to be originated and carried into effect."

We learn from a business card appearing in the same paper in 1859 that Dr. Guillou's office was on the corner of Kaahumanu and Merchant Streets and that he resided at Dr. Wood's "mansion" on Hotel Street. The same card states: "Medical and Surgical advice in English, French, Spanish and Italian." Possibly his fluency in languages is accounted for by his years of naval duty.

Information about Dr. Guillou is all too meager: there is no record of when he left Honolulu or where he went.

Seth Porter Ford

Seth Porter Ford was born in Washington, Litchfield County, Connecticut, about 1816.

He was a pupil of Dr. Valentine Mott and an associate of Dr. Willard Parker of New York. Both spoke of Dr. Ford as one of the most skillful surgeons that they had ever known.

Dr. Ford is believed to have served as surgeon in the U. S. Navy before coming to Hawaii in 1851 aboard the "R. B. Forbes" of Boston.

Dr. Ford was associated with Dr. Gerrit P. Judd and Dr. William Hillebrand. In May, 1852, he and Dr. George A. Lathrop established a hospital in Nuuanu Valley. In 1855 we find him joining with Dr. J. C. Bullion in launching the City Hospital located on King Street. Some sources give 1853 as the date of the establishment of City Hospital in partnership with Dr. Charles F. Guillou.

When the town was mapped out for medical care in the smallpox epidemic of 1853, Dr. Ford was placed in charge of one of the three districts. In addition to an extensive private practice, he was the personal physician of Kamehameha IV.

The doctor was one of the signers of the charter of incorporation for the Hawaiian Medical Society in 1856.

Dr. Ford was also interested in agriculture and introduced rice growing as a Hawaiian industry, even to the extent of destroying large patches of growing taro in Moanalua Valley to plant the new product.

The doctor's home on Ford Island in Pearl Harbor was known for its hospitality.

At the time of his death, he was physician for the U. S. Marine Hospital and for the Insane Asylum.

His death occurred in Honolulu on November 19, 1866 at the age of 50.

"The Friend" of December, 1866, in an article on Dr. Ford's death, said in part, ". . . we will merely add, that having frequently called upon him to visit, and prescribe for non-paying patients, it affords us great pleasure to record the fact, that he always most cheerfully administered the requisite medical assistance. The poor have lost a friend."

(To be continued)

Woman's Auxiliary

Twelve Years of Service

The Woman's Auxiliary of 1956 is such a well run, well organized group that many have forgotten the work and love that went into its founding, and the ensuing growing pains.

Two outstanding women helped to organize the Auxiliary. During the war years, Mrs. John Devereux tried getting a group together, and laid much ground work in educating and interesting the doctors' wives in an Auxiliary. Shortly after the war, Mrs. Laurence Wiig personally called on many of the doctors and explained to them the value and benefits they would derive if the women were organized as a group to help with social functions and conventions, and to further good public relations between doctors and the community.

A large number of the doctors finally agreed that it would be very helpful to have such an Auxiliary, and on June 7, 1948, the first group of women met to form our present Territorial Woman's Auxiliary, with Mrs. Wiig as temporary chairman.

The first president of the newly formed organization was Mrs. Frank Spencer, who was actively instrumental in forming the Maui County Auxiliary on June 8, 1948, and the Honolulu County Auxiliary on January 25, 1949, and worked diligently in helping set up an Auxiliary on Hawaii. The Territorial Auxiliary was formed in the beginning primarily to assist with medical meetings, conventions and such other social functions as the doctors requested help with and with the hope that they could eventually better serve the community.

As was inevitable, the doctors' wives have branched off into many community and health projects, promoting better understanding between the medical profession and the rest of the community. Along with this, the women have developed better understanding and relations among themselves.

Maui County was also organized primarily to function as a social group and help the doctors entertain for medical meetings, but in addition they have contributed to various medical causes. Mrs. William Patterson served as the first president for Maui County and for the year 1956-57 Mrs. E. Tompkins of Maui County will serve as Territorial president.

Hawaii County was organized on January 25, 1950, with Mrs. Henry B. Yuen serving as first president. It has undertaken numerous projects such as assisting in annual fund raising drives for the Red Cross, Tuberculosis Association and The Society for Crippled Children and Adults. They have helped with the Blood Bank and made toys for all pediatric wards in the Hawaii hospitals.

As a year-round project the Auxiliary supplies and arranges flowers at Hilo Memorial Hospital and, for the year 1956, under the direction of Mrs. H. Crawford, president, they are sponsoring the "Easter Parade" in conjunction with the Easter Seal Drive for the National Society for Crippled Children and Adults.

These activities are, of course, in addition to assisting the doctors in planning conventions and entertaining of visitors as well as supplying flowers to Honolulu County Auxiliary.

In Honolulu County the program chairman and Mrs. Liljestrand, the president, have arranged such interesting and varied programs during the past year that the attendance at meetings has continued to increase as well as the enthusiasm. More and more projects develop that the wives help with, and during the past year a committee has made a cumulative index of the HAWAII MEDICAL JOURNAL; a group of women assisted the doctors' Diabetes Committee; many of the membership who have had nurses' training helped with the polio inoculation. The Auxiliary assisted the T.B. Association in addition to having assisted in several conventions and of course the Centennial. The women also planned several money raising projects to pay for a piano which they donated to Mabel Smyth Building.

Among the contributions of the Auxiliary this year is the compiling and presentation of the book "In Memoriam—Doctors of Hawaii." A copy of this book will be given to each island and will be kept up-to-date as a continuing project of the Auxiliary.

There are so many women among the Auxiliary members who are active in community service independent of this group and yet as doctors' wives that some of their recognition and praise reflect upon the group as a whole.

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PHOTO DATA. CAMERA: 4X5 VIEW CAMERA; EXPOSURE 1/25 SEC. AT F.11 EXISTING LIGHTING.

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Bureau of Medical Economics

On Monday, November 2, 1953, two and one-half years ago, the Bureau of Medical Economics of the Honolulu County Medical Society opened its doors for business.

Let us go back to the year 1946. In this year the Public Relations Committee was formed, and discussions were held on the matter of hiring an Executive Secretary for the County Society. They were first interested in how the Society might maintain the salary of an Executive Secretary, and one answer which came forth was the establishment of a collection agency for the doctors.

For several years the idea was kicked around by the committee, and during the discussion, again and again the idea of a collection agency was brought up. Finally, in the early part of 1953, the committee, now called the Public Service Committee, headed by Dr. C. C. McCorriston, told the Board of Governors that an Executive Secretary able to carry out a satisfactory public relations program could be financed by a collection bureau. This had already been done in several states. After some discussion the Board of Governors approved the use of $6000.00 in bonds for this purpose by the Public Service Committee. This recommendation was unanimously approved by the membership.

The Public Service Committee sent out a questionnaire in May, 1953, asking: (1) Would you loan the Medical Society $50.00, payable after 24 months, and (2) would you turn over your collection accounts to our agency?

In September, 1953, Dr. Homer Izumi reported for the Public Service Committee the appointment of an Executive Secretary. The report read as follows: . . . The Executive Secretary will be charged with the responsibility of forming a collection and credit agency to support this program. The Society's credit agency will be patterned after the Alameda County Medical Association's plan . . . The Public Service Committee feels that the proceeds earned from this arrangement will decrease the financial burden of operating the Society, although it does not necessarily mean a reduction in dues. Mr. Rollen Waterson, Executive Secretary of the Alameda County Medical Association, has offered to train the Society's appointee. He felt that one week's time would be sufficient to cover the indoctrination.

During the second week of September, Mr. Richard M. Kennedy was employed as the Honolulu County Medical Society's new Executive Secretary. He left the following day for Oakland, California, for two weeks training by Mr. Rollen Waterson of the Alameda-Contra Costa County Medical Society and Mr. Joseph Donovan of the Santa Clara County Medical Society.

Mr. Kennedy returned from the mainland on October 8, 1953. Work immediately started on setting up a collection agency to be known as the Bureau of Medical Economics, Ltd. Corporation papers were set up, letters went out requesting the $50.00 loans, a partition was built in the Medical Society office to separate the Bureau from the Society. $6000.00 of Society bonds were cashed and turned over to the Bureau, forms were printed, office equipment was purchased and on Monday, November 2, 1953, the Bureau of Medical Economics, Ltd., a corporation, opened its doors. During that first month, the Bureau received 349 accounts totaling $19,853.85. Collections amounted to $103.00.

During the latter part of October the $50.00 loans started coming in, and by the end of November the Bureau had received $6,900.00 in loans. Final figures showed that a total of $7,800.00 was loaned to the Bureau.

During October, November, December and January, the Bureau went in the red for a total of $4,044.66. Then in February, the third month of operations, the Bureau showed a $330.00 profit. At this point the management felt sure that the $7,800.00 in loans would not have to be used, and with the approval of the Board of Directors, it was put in a savings account, where it remained until last year, when it was repaid to the doctors, either in cash or as credit on dues.

By the end of the first fiscal year the $4,044.66 deficit had been reduced to $2,936.86. Total accounts assigned amounted to $215,389.37. Things looked good; however, space was becoming a real problem, for as the Bureau grew it needed more employees.

At the beginning of the second year, Mr. Kennedy began his plans to step out of full time work with the Bureau and into the job of Executive Secretary for the Society. Tentative plans were to make the move in January of 1955, taking with

(Continued on page 396)

HMSA—Its Place in the Community

Hawaii's Blue Shield Story

J. R. VELTMANN, *Executive Vice-President*

Over 20 years ago, a group of local residents, particularly social workers, were disturbed over the costs of medical care and sought a solution to a problem which was nation-wide. A problem which pointed up the fact that many people found it difficult to meet the ordinary—to say nothing of the extraordinary—costs of medical care.

The Hawaii Medical Service Association (HMSA) had its inception in the 1935 Territorial Conference of Social Work, when an organizational committee was formed. Social workers, together with school teachers and other public-spirited citizens, contributed necessary funds for a survey and study of such a plan. After three years of strenuous work, a program which offered coverage for physician and hospital services was ready to be launched. It was presented to the medical profession and received their endorsement. Industrial and business leaders of the community, realizing the social significance of such a community project, granted a loan to help finance the plan and on June 1, 1938, the plan was established. It became one of the first medical plans to offer coverage for physician services, and the pioneer in the field of medical home and office visits for minor illnesses.

In the beginning, membership was restricted to school teachers and social workers, who represented the middle economic group selected for the experiment. Within a short time, it was extended to industrial groups of 5 or more employees and their dependents. Public acceptance of the plan was encouraging and by 1946 the plan was extended to residents on all neighbor islands.

By 1950, membership exceeded 48,000 and within the last five years, membership has more than doubled so that by the end of 1955, membership was over 105,000, which means that one out of every five citizens is an HMSA member. The exceptionally fast growth of the Association can be attributed to the continual improvement of the plan and greater national emphasis on the importance of prepaid medical care. The scope of benefits included in the plan has gradually been increased, so that today members receive liberal coverage for chronic conditions, and limitations and exclusions are at a minimum.

Over 85¢ out of every dollar paid for medical coverage is returned to the members through payment of physician and hospital services. For the year 1955, over 2½ million dollars was paid to doctors and hospitals for services rendered HMSA members indicating that HMSA is a large economic factor in our economy. Operating expenses of the plan for 1955 were slightly over 9% of Dues Income, and Contingency Reserves are nearly adequate to meet minimal requirements for Blue Shield Plans.

Administratively, the plan is governed by a Board of 22 directors, including representatives of business, labor, hospital, education, church, and the medical profession. Directors devote time and efforts to plan operations as a community service without any compensation. It is operated by a staff of 56 employees and maintains offices on all major islands and at Pearl Harbor. A physician serves as full-time Medical Director of the plan. All medical phases of the plan are reviewed by the Medical Committee, which is comprised of all physician members on the Board.

A major factor in the successful operation of HMSA has been the sustained support of the medical profession. In addition to their technical assistance and endorsement of the plan at its inception, physicians offered financial support by authorizing withholding of a portion of their fees to guarantee solvency of the plan. At the outset one-third of physicians' fees were withheld; as the plan grew, the withholding was reduced to 20%, then to 10% and finally discontinued in 1952. All withholdings were returned to the physicians each year except for a six months' period in 1949 when they were retained to offset losses incurred when the plan was completely reorganized.

The most significant gesture of local physicians' support of voluntary medical plans was demonstrated in 1954 when a special Territorial Committee of physicians was appointed to develop a comprehensive community medical plan. This committee worked diligently and met with representatives of Industry, Labor and Hospitals to gather ideas, suggestions and needs for a sound medical plan tailored to the needs of the commu-

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Territorial Association Reports

House of Delegates

Tuesday, December 27, 1955 at 7:30 p.m.
Mabel Smyth Building

PRESENT: Dr. Fronk, presiding; Drs. Felix, Ito, H. Q. Pang, R. G. Benson, Thomas Chang, Gilbert, L. Q. Pang, Quisenberry, Bailey, Batten, Chinn, Holmes, Morgan, James Wong, Carl Johnsen, Edmund Lee, Sexton, Bennett, M. Hasegawa, Mack and Mills; also Drs. R. Faus, Arnold, Jr. and Izumi, Mr. Veltmann and Mr. Kennedy and Mrs. Bennett.

PURPOSE: The meeting was called to act upon a letter from the Executive Director of the Blue Shield Medical Care Plans in reference to medical care for dependents of servicemen. Copies of this letter had been mailed to all delegates and alternates.

MEDICAL CARE OF MILITARY DEPENDENTS: Dr. Fronk read letters received from Blue Shield and the American Medical Association regarding a plan to be introduced in Congress to provide members of the Armed Forces with a choice of existing Government facilities for their dependents, or a group health insurance plan using civilian facilities with the Government paying part of the cost.

The chairman reported that the Honolulu County Board of Governors had approved of the plan in principle at their meeting this afternoon. Word received from the Hawaii and Kauai doctors indicated that they also favored such a plan in principle.

Dr. Johnsen asked whether, if HMSA sponsored such a plan, it would come under the community or other plan.

Mr. Veltmann stated it was his understanding that fees would be set, not by the services, but by the Medical Societies. HMSA would be reimbursed by the Government. He believed a program similar to that of the VA would have to be set up particularly for this group. In reply to a question of whether we would have to put up capital, Mr. Veltmann said there would be no need for it.

Dr. Izumi mentioned that he felt the program expressed in principle the feeling of the AMA.

ACTION: Dr. Benson moved that the Hawaii Medical Association inform the Chairman of the Blue Shield Government Relations Committee that the members of the Association are agreeable to participating in a proposed medical program for dependents of members of the Armed Forces on a "full service basis" with the understanding that the fee schedule for such services be acceptable to this Association prior to the installation of the program.
The motion was seconded by Dr. Carl Johnsen and passed unanimously.

SOCIAL SECURITY: By request of the chairman, Dr. Arnold, Jr. and Dr. Izumi spoke briefly about recent developments and proposed revisions of the Social Security program, and the actions and opinions of the AMA on this question. No action was taken.

There being no further business, the meeting was adjourned at 8:13 p.m.

WILLIAM S. ITO, M.D.
Secretary

Umi Makahiki I Hala*

Personals

Besides the enlarged physical plant, the staff and directors of the St. Francis Hospital are planning the expansion of their house personnel to include internes. At the present time **Dr. Alexander Lee, Dr. Leslie Vasconcellos** and **Dr. Edwin Kau** are resident physicians. Dr. Kau has recently returned from Shanghai, where he taught orthopedic surgery. A provisional teaching staff has been organized, with **Dr. L. A. R. Gaspar** as chief of the surgical service, **Dr. A. S. Hartwell** as chief of the medical service and **Dr. H. E. Bowles** as chief of the gynecologic and obstetric service; each is to serve for a three-year term.

Dr. Clifford Kobayashi left in January to accept a residency in pediatrics with Dr. Jeans at the University of Iowa.

Maui reports that **Dr. Thomas Cowan** is back at Kahului, **Dr. E. H. Anderson** is at Haliimaile and **Dr. James Fleming** can be reached at Wailuku.

Dr. Hawley H. Seiler, formerly of Maui and Molokai, writes that he would be more than glad to see any friends from Hawaii who may visit the Mayo Clinic.

Nursing Reports

New rates for private duty nurses, effective February 15, 1946, are:

$ 9.00	for straight 8 hour duty
13.50	for straight 12 hour duty
1.15	per hour for emergency overtime
10.00	for 8 hour contagion
11.00	for 8 hour mental and alcoholic
1.50	per hour for emergency overtime

Miss Mary Catton, secretary for the Convalescent Nursing Home, outlined the tentative plans for the Home, and Myrtle Schattenburg, chairman of the special committee of the City and County Nurses' Association to aid in this project, gave a progress report of her committee.

* Ten years ago. From Volume 5, Number 4, March-April, 1946.

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Summers' Question Box

Q. What vitamins do you recommend?

A. While adequate vitamin intake is definitely necessary, it's needless ta take them "by the yard". See yaur dactar. He will prescribe vitamins if he finds them necessary.

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"Integrity—an ingredient in every prescription"

SUMMERS' QUESTION BOX

Q. Are prescriptions really high today?

A. In 1900 the average life expectancy was 49 years . . . today it is 70! Chiefly responsible for these extra 21 years are today's "wonder" drugs . . . drugs which were unknown in 1900. That's why we say

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"Integrity—an ingredient in every prescription"

SUMMERS' QUESTION BOX

Q. *Why the high cost of drugs?*

A. Millions of dollars invested in research result in today's "Miracle Drugs." Two decades ago it took an average of 3 months wages to pay hospital bills resulting from a case of pneumonia. "That's a fact" which proves

TODAY'S PRESCRIPTION IS THE BIGGEST BARGAIN IN HISTORY



CLINTON D. SUMMERS

PRESCRIPTION • PHARMACISTS

PHONES 66 0 44 68 8 65 — THIRD FLOOR YOUNG BUILDING HONOLULU HAWAII

"Integrity—an ingredient in every prescription"

Summers' Question Box

Q. What shauld be done with the unused balance af a prescriptian?

A. Unless your dactar specifically states ta save it far future use, discard immediately. The high humidity in Hawaii encaurages chemical changes, aften sufficient to alter the drug completely.

Today's Prescriptian Is the Biggest Bargain in History



CLINTON D. SUMMERS

PRESCRIPTION • PHARMACISTS

PHONES 66 0 44 68 8 65 — THIRD FLOOR YOUNG BUILDING HONOLULU HAWAII

"Integrity—an ingredient in every prescription"

Summers' Question Box

Q. Should someone with the same symptoms take my prescription?

A. The "same" symptoms may be entirely different ta the trained eye. Using sameane else's prescriptian is risky and false ecanamy. True symptams can be masked sa that camplicatians may arise. SEE YOUR DOCTOR.

Today's Prescriptian is the Biggest Bargain in History

SUMMERS' QUESTION BOX

Polio Vaccine Questions . . .

presented as a public service

Q. Should vaccine be given to individuals who have recovered from poliomyelitis?

A. Yes. Recovery from infection by one type of virus does not protect against subsequent infection by other types.

Q. Are there more than three types of poliomyelitis virus?

A. Yes, but types 1, 2 and 3 are the only ones that are important in the etiology of the disease. Each is specific; recovery from infection by one produces little or no immunity against the others.

Q. What age groups are candidates for poliomyelitis vaccine?

A. Children, adolescents, and young adults are the most likely candidates on the basis of susceptibility. On the other hand, immunization of infants as young as six months of age is believed practical.

Q. Should poliomyelitis vaccine be given during pregnancy?

A. Yes, because of the increased severity of the disease during pregnancy.

Q. How long will the immunity last?

A. Primary immunity from the initial injections is temporary and must be renewed by a booster dose. If the booster dose is given seven or more months later, the possibility of lifetime immunity has been suggested. The exact duration is yet to be determined but probably is a matter of years.

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County Society Reports

Hawaii

The Hawaii County Medical Society met on December 15, 1955 at the Lanai Restaurant. Members present were: Drs. Bergin, M. H. Chang, Crawford, Gray, Henderson, Kasamoto, Kutsunai, Leslie, Matayoshi, Mitchel, Miyamoto, Mizuire, Okumoto, Orenstein, Ota, Oto, Stemmermann, Woo, Yamanoha, Yamauchi, Taniguchi, and Helms.

Dr. Theodore Oto, President, called the business meeting to order, and the following business was transacted:

The resignation of Dr. Francis F. C. Wong was announced effective November 3, 1955. Dr. Orenstein moved and it was passed unanimously that we accept this resignation with regret.

A lengthy correspondence from Dr. C. E. Fronk, President of the Hawaii Medical Association, concerning the proposed "Home Town Care" program of veterans was read and discussed at length. It seemed to be the opinion of those present that the present program with HMSA acting as intermediary between the V.A. and the County Society had proved successful in the past. Dr. Orenstein moved and Dr. Mizuire seconded that we write to Dr. Fronk stating that we are entirely satisfied with the present "Home Town Care" program and urge that this present plan be continued by future negotiations.

Dr. Oto reactivated the Preparedness Committee with Dr. Bergin as chairman and Drs. Oto, Hayashi, Okada, and Mitchel as members.

A panel discussion was then held on "Hematology" which presented much interesting and informative material gained from their attendance at Dr. Dameshek's recent lecture series in Honolulu. Those participating were Dr. Stemmermann as chairman and Drs. Gray and Yamanoha.

James A. Mitchel, M.D.
Secretary

Honolulu

The regular monthly meeting of the Honolulu County Medical Society was held Tuesday, January 3, 1956 at 7:30 P. M. in the Mabel Smyth Auditorium. Dr. J. M. Felix presided and approximately 73 members and guests were present.

For the scientific session, Dr. Carl Edwin Burkland of Sacramento, California addressed the audience on the subject of "Urinary Tract Calculi."

An interesting symposium on Diabetes Mellitus was held and the following doctors participated:

Diabetic Detection—Dr. Morton Berk.

Diabetic Management and Treatment—Dr. Shigeru Horio.

Ophthalmologic Conditions in Diabetes—Diabetic Retinitis—Dr. H. F. Moffat.

Treatment of Diabetic Acidosis—Dr. Raymond deHay.

Management of the Surgical Diabetic Patient—Dr. Frank Bruce.

With Dr. Berk serving as moderator, the audience participated freely with questions and comments.

A short business meeting followed which included the approval of the minutes of the previous meeting and the welcoming of a new member into the Society, Dr. Nobuyuki Nakasone.

Dr. Felix announced that the House of Delegates at a special meeting on December 27, moved "That the Hawaii Medical Association (Territorial) inform the chairman of the Blue Shield Government Relations Committee that the members of the Association are agreeable to participating in a proposed medical program for dependents of members of the Armed Forces on a 'full service basis' with the understanding that the fee schedule for such services be acceptable to this Association prior to the installation of the program." The Board of Governors were also unanimous in their approval.

Following this announcement, Dr. Felix briefly reviewed House Resolution 7225 which proposes to amend the Social Security Act now in effect and according to A.M.A.'s thinking has a far reaching impact on the practice of medicine. Both the above bills are now pending in Congress.

There being no further business the meeting adjourned to the lanai for refreshments.

* * *

The regular monthly meeting of the Honolulu County Medical Society was held Tuesday, February 7, 1956 at 7:30 P. M. in the Mabel Smyth Auditorium. Dr. J. M. Felix presided and approximately 120 members and guests were present.

The scientific program included the following speakers: Mr. Robert R. Midkiff, Assistant Secretary of Hawaiian Trust Company, spoke on a very timely subject, "Minimizing Taxes Under the 1955 Internal Revenue Code—Including Income and Estate Savings." Dr. Robert C. Nye, Staff Surgeon of Roos-Loos Medical Group, Los Angeles, California presented an interesting paper on "Parotid Gland Tumors" and illustrated his talk with colored slides. Dr. Louis B. Newman, Professor of Rehabilitation and Physical Medicine, Northwestern University, spoke on "Physical Medicine and Rehabilitation Is Part of Total Medical Care." He also had slides to show.

Drs. R. Frederick Shepard and Ralph Townsend Artman were welcomed into the Society as new members.

Dr. Felix reported that the action taken by the Board of Governors at their last meeting concerning the control of fireworks was, "that the Society be opposed to the use of fireworks except under authorized supervision for public and religious ceremonies."

Dr. Felix also reported that at the last Board of Governors meeting a letter from Dr. Gilbert, Chairman, Case Finding Committee of the Oahu Tuberculosis and Health Association, was read, requesting approval by the Society of a method of referral for survey chest x-rays. Dr. Horio highly recommended such a method, his interest being to stimulate the use of the survey chest

x-ray by the physician in general practice. It was announced at this meeting, however, that the Radiological Society was against such a proposal and was in the process of writing to tell the Society so. Consequently, the matter was deferred until the next meeting. Dr. Felix requested the membership to put into writing any comments they might have on the subject and they will be discussed at the next Board of Governors meeting.

It was announced that a special meeting of the membership will be held on Tuesday, February 21 at 7:30 P.M. in the Mabel Smyth Auditorium upon a motion made by Dr. Rodney T. West at the last Board of Governors meeting that the Board direct the president to call such a meeting for the purpose of discussing (1) all phases of the operations of HMSA and its plans-doctor relationships, (2) openly discuss any rumors that have been circulated and any questions asked concerning HMSA in order to bring to light the facts, (3) to allow an expression of confidence or non-confidence in HMSA, and (4) to express an opinion concerning any phase of the operations and relationship between HMSA's participating physicians and non-participating physicians. Dr. Felix then proceeded to read from a copy of the letter submitted by Dr. West and as requested in the letter it will be circularized to the membership before the special meeting.

A recommended budget for 1956-57 was submitted to the membership for approval and unanimously accepted.

A first reading of the amendments to the Constitution and By-Laws was presented by Dr. Felix. These amendments will be properly circulated to the membership before the next regular meeting at which time final action will be taken.

Dr. Felix reviewed the events leading up to the final decision of the Board of Governors to draft a letter in answer to the request of Mr. Shim (Administrator for the Teamsters-Dairy Industry of Hawaii Security Fund and Hawaii Hotel and Restaurant Workers Master Trust) that our member doctors accept non-discriminatory fees for their member beneficiaries. A rough draft of the letter was read, which in essence stated that the Society feels that they cannot enter into such an agreement. Approval of this letter by the membership was requested. Dr. Henry moved that the letter be accepted and transmitted to Mr. Shim. A discussion followed, after which Dr. Henry's motion was duly seconded and carried.

A request from the Executive Committee of HMSA concerning a change in procedure whereby payment of claims would be made to non-participating physicians upon authorization of the member patient was submitted to the membership for approval. The letter signed by Mr. Babbitt, President of HMSA, requesting acceptance of this recommended change was read.

A pro and con discussion followed. It was moved by Dr. Henry and seconded that the payment of claims to non-participating physicians as outlined be denied. At this point Dr. Gotshalk presented the following statement, "The question before this Society concerns the business policies of HMSA and has nothing to do with the Honolulu County Medical Society. The question before this society also creates adverse economic sanctions against a group of members of the Honolulu County Medical Society who are in good standing. This action is out of order because there is no provision in our by-laws, which enables this society to discriminate economically against members of the Honolulu County Medical Society in good standing." He requested that the above statement be included in the minutes of the meeting.

The membership continued to express their opinions pro and con. Dr. Chung-Hoon in his discussion brought out the fact that the Medical Committee of HMSA voted for this change in procedure for the simple reason that they felt that unity in the medical profession was more important than a lot of petty bickering. He concluded by asking for a vote of confidence by the Society for the delegates who were elected to the HMSA Medical Committee.

Immediately following, Dr. Arnold, Jr. moved to table the motion before the house. Upon receiving a second, the motion to table was carried.

Dr. Caver then moved that the patient be given the right to assign payment of claims over to the doctor in each individual case. Following a short discussion Dr. West moved to table Dr. Caver's motion until the special meeting of February 21 and also to inform Mr. Babbitt of this action. The motion to table was duly seconded and carried.

There being no further business the meeting adjourned to the lanai where refreshments were served.

RODNEY T. WEST, M.D.
Secretary

Kauai

The regular monthly meeting of the Kauai County Medical Society was called to order on Tuesday, January 3, 1956, at 7:30 p.m. in the G. N. Wilcox Memorial Hospital library by the vice-president.

Members present: Drs. Cockett, Goodhue, Ishii, Kim, Kuhlman, Masunaga, Wade, Wallis and Schilling. Guest: Dr. Louise Howe.

A discussion was held regarding reimbursing the delegate for his expenses (hotel and plane fare) when he attends meetings in Honolulu; no decision.

Dr. Louise Howe discussed progress of the pregnancy study and indicated an evaluation of the babies born to mothers included in the pregnancy study would begin January 30, 1956, by Drs. Harold Sexton and Duke Cho Choy (pediatricians) and Daniel Crowell, psychologist. They expect to study about 15 infants each day.

BURT O. WADE, M.D.
Secretary

Maui

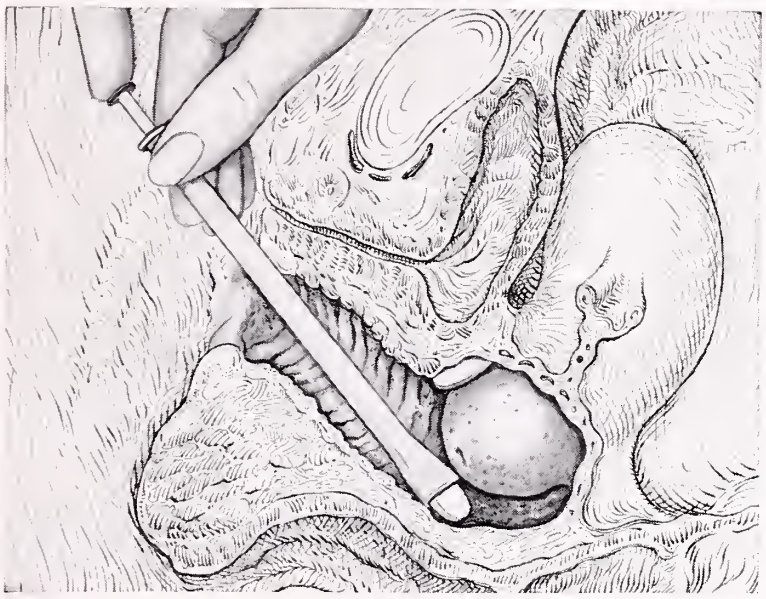
The regular meeting of the Maui County Medical Society was held December 20, 1955 at the Central Maui Memorial Hospital following cocktails and dinner. Members at the dinner were Doctors Burden, McArthur, Cole, Totherow, Kashiwa, Ohata, Patterson, Rockett, Underwood, Kanda, Wong, Sanders and Fleming. Guests were Doctors Quisenberry (the guest speaker), Tong and Moran. Dr. Izumi was present at the meeting but absent from the dinner.

Dr. Warshauer was unanimously accepted into the Maui County Medical Society as of August 1954 if all of his credentials and dues were in order at that time.

The Secretary reported that the County Attorney had not yet rendered an opinion as to the legality of the I.L.W.U. drug proposal. It was regretted that Dr. Butler had not been able to attend this meeting because of the Kona storm. It was felt that he could give the members some good ideas on the practicability of the

(*Continued on page 400*)

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*Georges Ray, Vins de France, Paris, University Press, 1946 (p. 75).

Roster of Members

of the

Hawaii Medical Association

Key to symbols: Names of AMA members in CAPITALS
* Life Member
** Military Service

Hawaii County Medical Society

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YAMANOHA, SHOSEI, Hilo

Active

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BROWN, SAMUEL R., Hilo
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CHANG, MUN LEON, Hilo
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Jenkin, John T., Hilo
KASAMOTO, SADAICHI, Hilo
KAUFMANN, ROBERT J., Pahala, Kau
KUTSUNAI, TOSHIO, Hilo
Leslie, William F., Puumaile Hosp., Hilo
LOO, WALTER SUN LOOK, Hilo
MAR, THOMAS M., Kailua, Kona
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ITO, WILLIAM S., 201 Continental Building
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IWANO, JOSEPH H.,** 945 Wailupe Place

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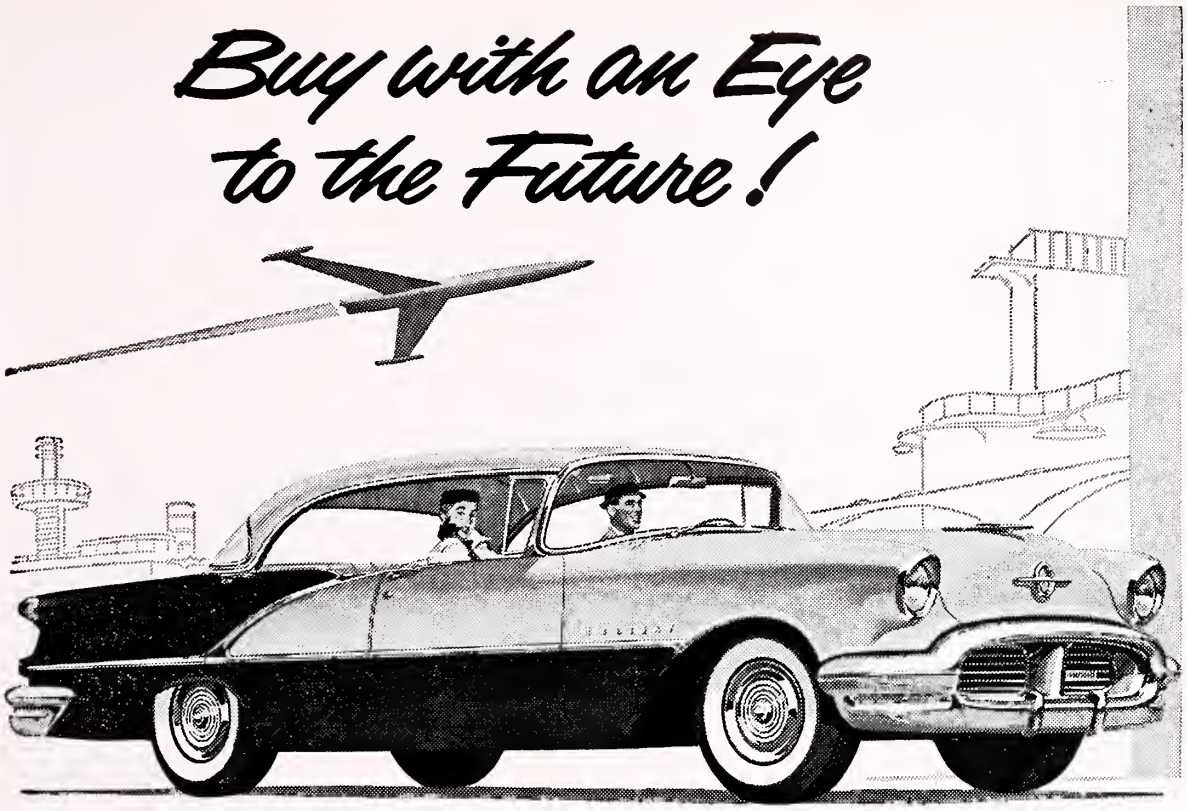
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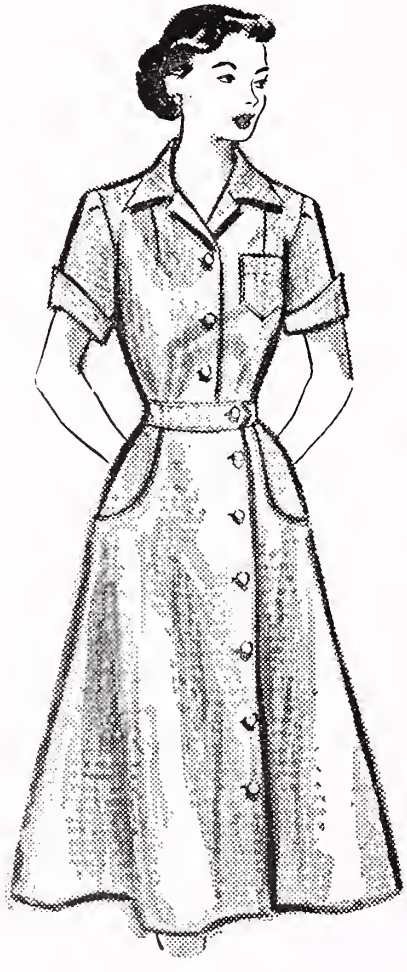
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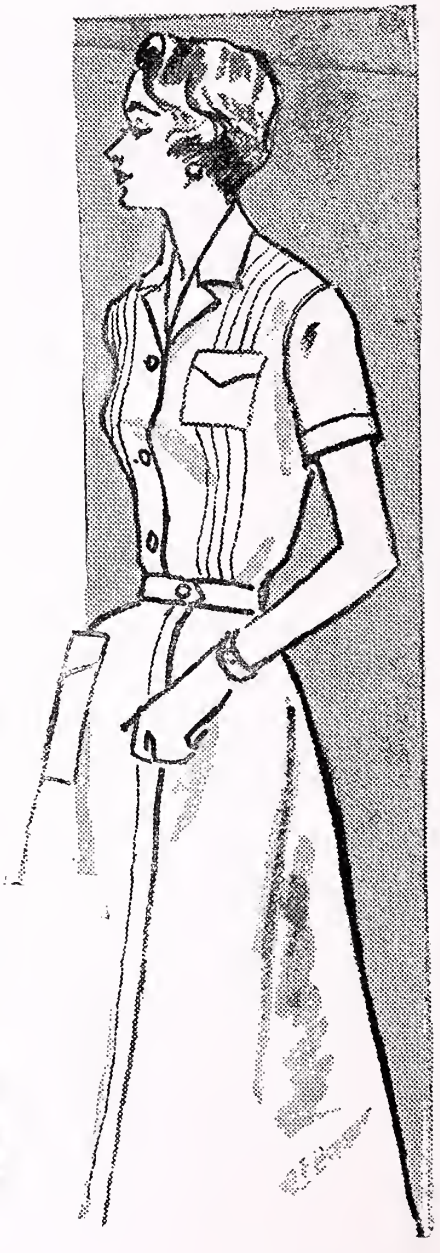
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Official Publication of the Nurses' Association, Territory of Hawaii

Mrs. Olive C. Pridgen, *Executive Secretary,* Honolulu

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MESSAGE TO THE HAWAII NURSES' ASSOCIATION

The pleasing tribute to the Medical Association of Hawaii by Sister Mary Albert, in this issue,* should not go without an answer from the medical profession. Unlike Sister Mary Albert's article, this one has no official status and is merely the point of view of one of the senior members of the medical profession of Hawaii.

The indebtedness of doctors to our nurses is one which can never be repaid. It is hoped that this short article may serve as one gigantic pat on the back in place of the innumerable small daily pats on the back which nurses have deserved through the years, and which they have so rarely received. It is almost standard operating procedure for physicians to take for granted, on the part of their nurses, perfect behavior and utter lack of forgetfulness or carelessness, and to express their opinion of the services of the nurse only when the criticism is adverse or even angry. They deserve infinitely better treatment from us than this.

The Sister says the life of a doctor is not an easy one. Well, neither is the life of a nurse. Whether you consider public health nurses, office nurses, special duty nurses, staff nurses or any other type of activity of the nursing profession, you must realize that the load they carry has been increasing rapidly in the past twenty years. How many times have I spent fifteen or twenty minutes in the room of a querulous and seriously ill patient, and felt somewhat exhausted when I left, without considering that the nurse had that on her hands for eight to twelve hours every day. She could not walk out and see another patient, as I did.

The progress in improving the health of the people of this Territory has been no less attributable to the wonderful cooperation and assistance of the nursing profession, than to the medical profession. We rarely stop to think how many times every day work is being done for us by a nurse, which would prevent us, if we had to do it all ourselves, from ever finishing our daily task.

In closing I cannot do better than quote Sister Mary Albert's last sentence. "May God bless all" of the efforts of the nursing profession "with success, and grant abundant peace, happiness and prosperity to each and every member of this extraordinary organization!"

H. L. Arnold, Sr., M.D.

* See page 349.

PRESIDENT'S MESSAGE

The biennial convention of the American Nurses' Association will be held in Chicago from May 14 to 18 of this year. We are entitled to send eleven delegates to represent us at this gathering. In order that these fellow nurses may carry out our wishes, it is necessary that they become acquainted with our thinking regarding important issues that will come up at the convention.

Each and every member of our association is urged to give serious consideration to problems facing us on both a territorial and a national level.

Should we work toward having just one national nursing organization rather than both the National League for Nursing and the American Nurses' Association? Do we have any suggestions to offer regarding the ANA platform? Are we satisfied with the present status of the economic security program? What would we like done to improve the practice of nursing? *The American Journal of Nursing,* which is the official organ of the American Nurses' Association, contains a wealth of material on problems in nursing today. We should read it carefully.

Mrs. Olive C. Pridgen, who has succeeded Mrs. Dorothea M. Spears as our part-time executive secretary, will be very happy to help us if we are not certain of the best way of insuring that our views are taken into consideration at the biennial. This is our chance to offer constructive thinking regarding issues that may involve the welfare of millions of Americans. Let's not lose it!

SISTER MARY ALBERT, *President Nurses' Association, T. H.*

HISTORY OF THE FIRST NURSING SCHOOL IN HAWAII

Nils P. Larsen, M.D.

In 1911 the Trustees of The Queen's Hospital received from M. S. Grinbaum $5,000.00 as an endowment fund, the income of which was to be used in connection with the education of nurses. The Trustees, who were giving serious attention to the establishment of a school of nursing, thought at that time they were not in a position to take action.

President Robert W. Shingle of The Queen's Hospital Board reported on December 31, 1915, however, that "The Board of Trustees have decided on a change in the nurses staff in establishing a training school for nurses." The school was established in January 1916.

On January 31, 1917, President George W. Smith reported:

> This new department of hospital work has justified itself in every particular. There are now 31 young ladies in training, all of whom are diligently applying themselves to the duties required by the course of training, and all give promise of becoming, in the future, able and efficient nurses who will become a credit to the institution [in] which they have matriculated. . . . The saving which this school makes for the hospital, without detriment to the service, is a marked one and makes for greater economy.

On the first of January, 1917, Miss A. H. Collins, who was described as an enthusiastic and capable director of the school, reported: "The Queen's Hospital of Honolulu is prepared to give a three years' course of training to women desirous of becoming professional nurses." For the then hospital of 140 beds she reported she had: 1 Superintendent of Nurses, 1 night supervisor, 1 chief surgical nurse, 1 anesthetist, 4 supervising nurses, 20 nurses in training and 11 probationers.

In December, 1917, it was reported that Mrs. Annie E. Kamanoha was the first to be graduated as a nurse on August 15, 1917. However, the graduating exercises for the first class of nurses to graduate were held on July 11, 1919. That year a report notes, "We are making every effort to bring the training school to a higher standard so that our graduates may be eligible for Territorial Board Examinations and may be on an equal footing with the nurses from other schools." The school was so accredited in 1921.

In the report of December, 1920, at the close of the fifth year, the Superintendent reported that "A total of 14 nurses have been graduated, 3 nurses graduated during 1920, 10 nurses graduated in 1919, added to the one who graduated in 1917 . . ., a total of 14. The names of these graduates are as follows:

Annie E. Kamanoha	M. Fernandez
Helen Chong	K. Shin
M. Thomas	J. Grant Grieg
R. Kaumamano	M. DePonte
B. Silva	Agnes Off
L. Mitchell	Catherine Feary
M. Wright	M. Bishaw"

At the start of the school the teaching seemed to be very limited. "A lecture is given to the training school by a member of the visiting staff or one of the local physicians, once a week between October 1st and June 1st with the usual intermissions of Christmas and Easter." Also "Classes are held for two hours every day in instructive work with oral and written examinations weekly by the instructor of nurses, and practical demonstrations by the Superintendent of Nurses."

During those early years $8.00 a month was paid to each for the first nine months, then $10.00 a month for the intermediate year and $12.00 a month for the senior year. This allowance was to cover expenses of uniforms and books. During the early years "a candidate must be over 18 years of age and have had at least two years of high school education or its equivalent." In 1930 a nurse was required to have graduated from high school before she entered the school. In 1931 the school became affiliated with Children's Hospital, Shriner's Hospital, and the Board of Health. Later there was also an affiliation with the plantations (Kahuku Hospital). In 1931 the school also became affiliated with the University, the Normal School and the McKinley High School. In 1932

the entrance requirements were raised to admit only students who had successfully completed a prescribed university program covering one year and one additional summer session. Later the college year could be taken over the course of 2 years. (At present, no college work is required.)

The Queen's Hospital School has graduated 796 students.

A nursing study committee reported in 1951 that the Territory had at that time 858 professional nurses employed in hospitals, of whom 225 were in teaching, administrative or staff level positions in the three hospitals which conducted schools of nursing. And they added, "Therefore, the existing hospital schools, or graduates from the mainland, are supplying nurses for 638 (73%) of the nursing service positions in hospitals in the Territory. They recommend a college of nursing should be established at the University to prepare nurses to practice at the staff level in public health and hospital nursing services." Such a school was established at the University in 1952.

The school for practical nurses in connection with the Department of Public Instruction gave a report in February of 1955 on the first to the twenty-first classes held from 1947 to 1955. There had been a total of 436 graduates, of which 274 or 63% were employed in hospitals, 4% were in doctors' offices or clinics, 3% in private duty and 30% were occupied as housewives and mothers, or had other jobs. They reported that there were some 300 applicants a year. The Queen's Hospital accepted some of these girls each year for practical experience. The Queen's Hospital with its pleasant Harkness Home for nurses can well take its place with the leading hospital schools of the country.

FACTS ABOUT ST. FRANCIS HOSPITAL

Georgia Mix, R.N.

St. Francis Hospital was opened in May, 1927, with a capacity of 50 beds and 10 bassinets. Since 1941, the hospital has steadily grown until at the present time, the hospital complement is 226 beds and 35 bassinets.

The hospital is general in character, with ward, semi-private and private accommodations for a great variety of patients including medical, surgical, gynecological, urological, obstetrical, pediatric, orthopedic, neurological, and ophthalmologic cases. It is approved by the American College of Surgeons and the American Medical Association. It is also approved for general residences and internships by the Council on Medical Education of the American Medical Association. It is also a member of the American Hospital Association.

The School of Nursing was organized in 1929. It is accredited by the Board for Licensing of Nurses, Territory of Hawaii. It is the only school in the territory accredited by the NLN. The school of nursing at the present time has an enrollment of 140 students. These young women have the advantage of a well rounded education in nursing at the home school and affiliating institutions. Affiliations include tuberculosis nursing at Leahi Hospital, pediatrics at both Children's Hospital in Honolulu and St. Louis University Hospital in St. Louis, Missouri, and psychiatry at St. Vincent's Sanatorium, St. Louis, Missouri. One class a year is admitted in August.

THE UNIVERSITY OF HAWAII NURSING SCHOOL

Some Facts About Its Development

Virginia A. Jones, R.N.

Before 1916 in Hawaii all nursing service by so-called graduate nurses was imported from the mainland United States. Then The Queen's Hospital in Honolulu established a school of nursing, and for some years it was the only source of supply for locally prepared nurses. This was only a drop in the bucket. Since the cost of going to the mainland for preparation for nursing was prohibitive for all but a few, most of the nursing was still done by nurses from outside the Territory.

Public health nurses came into the picture when Palama Settlement, a voluntary agency, established a community nursing service. This was later merged with one established by the Territorial Department of Health. In 1932 the University of Hawaii was asked to establish a program for preparing public health nurses, and an advisory committee of citizens was formed to assist in organizing the facilities of community agencies for field experience for students.

As the years have passed, two other hospitals have established schools of nursing: St. Francis Hospital and Kuakini Hospital. The public health nursing service has greatly expanded. Plantations have discontinued their practice of giving medical and hospital care as perquisites for salary. Prepayment plans for medical care have been developed. More and more specialized health agencies have been organized to give both medical care and educational services. Hospitals have increased in number and expanded their services. All of this has not only increased the quantitative demand for nursing service, but has created a need for more and different kinds of preparation for nurses.

Even with the establishment of additional facilities for preparing nurses in the Islands, the

amount of nursing service available has often depended upon how many nurses came by ship or plane and how many had tired of the pleasures of Waikiki Beach sufficiently to take positions outside of Honolulu. This created a rapid turnover, which is inimical to the best nursing service. Even with the present supply of graduates from the island hospital schools of nursing, the Islands are dependent on mainland graduates for almost 50% of their nurses.

With its economy disrupted by the war, its population greatly increased and changed in character, and its strategic position in the Pacific area being recognized, the Territory realized the great importance of wise planning for postwar community services. The Honolulu Chamber of Commerce formed citizen committees to study and make recommendations for long-time planning in all areas of health. The Chamber took the initiative in forming a council of health and welfare agencies—the Oahu Health Council—where these recommendations could be aired and discussed.

As a result of these and other studies, these facts were increasingly entering the awareness of community groups concerned with nursing service and education:

1. Nursing education costs were increasing. They were being borne only by patients and then only by patients in three hospitals who were preparing nurses for all the island hospitals and agencies.

2. The large number of out-of-territory nurses was creating an unstable supply of nurses, since many stayed only long enough to see the Islands or find a husband.

3. Prospective nursing students were seeking opportunities to prepare for nursing on a collegiate level.

4. Taxpayers, many of them also patients, were complaining of increasing hospital costs.

The increasing cost of hospital care had become a matter of concern in Hawaii, as in mainland states. The Honolulu Chamber of Commerce, dedicated to better community services at less cost, studied the cost of nursing education to the patient and recommended that a central school of nursing be instituted at the University of Hawaii. This they recommended in order to spread the costs of nursing education to all citizens. A group of community agencies spearheaded by the Honolulu Chamber of Commerce had engaged Dr. Ira Hiscock to survey and advise regarding the Territory's health services. He, too, recommended a school of nursing at the University of Hawaii in order to enrich the background of nursing students, spread the cost, and to keep in line with mainland developments.

Hospital administrators were also becoming concerned with the increasing costs of nursing education. It was through their efforts that a resolution was sent to the Legislature in 1949 asking that the Legislature, adopt a plan for subsidizing nursing education.

Then the Honolulu and Territorial Medical Societies became involved in the problem of nursing education. The 1949 Legislature took no action on the resolution to subsidize nursing education. Instead it appointed a holdover committee, a subcommittee of which was to study and make recommendations on this as well as other health matters before the Legislature. Representatives from the Medical Societies, Nurses' Association, and Hospital Association were asked to serve on an advisory committee to the holdover committee on these matters pertaining to health services. It was this committee which recognized the need for, and requested, a study of the nursing needs and resources of the Territory before definite plans for nursing education were made.

Two plans for subsidizing nursing education were seen. One was by direct grants by the Legislature to the hospital schools of nursing. The other was by means of appropriations to the budget of the University of Hawaii, a territorially supported institution. Thus the involvement of the University in basic professional nursing education as well as in graduate nurse education seemed a possibility.

By 1950 various groups in the Territory had become interested in the plans for preparing nurses. The hospitals were asking for tax support for their schools. The Territorial Legislature had asked for community help in deciding how such programs should be financed. The University of Hawaii was asking what the community expected of it and what it would support. The nurses themselves were asking for a collegiate program.

All of this culminated in a study of nursing resources and needs, authorized by a holdover committee appointed by the Legislature in 1949 and financed by the Board for Licensing of Nurses, Territory of Hawaii. As a result of the study by a representative community group with a consultant from the United States Public Health Service, the Territorial Legislature mandated the University of Hawaii to establish a basic program for preparing professional nurses. The Nurses' Association, Territory of Hawaii assisted the University in soliciting foundation funds to supplement the inadequate appropriation made by the Legislature at that time.

Four years have now passed since the first student entered the basic professional program at the University of Hawaii. Sixteen students of the class of twenty-five entering in 1952 expect to graduate at the University Commencement in June 1956. They will have had clinical instruction and practice at Maunalani, Kuakini, Children's, Tripler, Leahi

and The Queen's Hospitals, as well as field practice in public health nursing with the Territorial Department of Health. They will be admitted to the Territorial licensing examinations, will receive the Bachelor of Science degree in Nursing and will be eligible also for public health nursing positions when licensed.

It is hoped that the School may be fully accredited by the National League for Nursing by the time these students graduate. A visit for review of the program for this purpose was made in March 1956. Temporary accreditation was granted by the National League for Nursing in May 1955.

The development of a bachelor's degree program in basic nursing called for a look at the existing bachelor's degree program for graduate nurses. In common with many other universities, the University of Hawaii considered it only sound to establish equivalent curriculum requirements for the Bachelor of Science degree for both basic and graduate nurse programs. It considered it could make its best contribution to graduate nurses by offering them opportunity to complete the requirements for a bachelor's degree in as short a time as possible so that more nurses could prepare on a graduate level for supervision, teaching and administration. Consequently a revised program for graduate professional nurses will be offered starting in September 1956. This program will assess the graduate nurse's nursing background by means of tests and analysis of school and experience records. A maximum of 60 credits may be given for the three-year nursing education program if this basic program meets the University's requirements and acceptable scores are made on the Graduate Nurse Qualifying Test. An additional 74 hours of credit will be required for graduation. These will include the courses required for preparation for public health nursing.

The School of Nursing at the University of Hawaii hopes that future historical accounts will be able to record that the University of Hawaii has made significant contributions toward nursing education and its goal, better nursing care.

References

1. Chamber of Commerce of Honolulu. Postwar Planning Committee on Health, Public Health Committee. Health Services and Statistics, Territory of Hawaii. Honolulu, 1948.
2. Chamber of Commerce of Honolulu. Public Health Committee. Hospital Costs in Hawaii. Report of the Hospital Cost Study Committee. Honolulu, August 1949.
3. Hiscock, I. V.: Public Health in Hawaii in 1950. Report of Health Survey in 1950, HAWAII MED. J. 10:99 (Nov.-Dec.) 1950.
4. Gillan, Ruth I.: Report of Nursing Survey. February 1951. Unpublished.
5. Territorial Commission on Nursing Education and Nursing Services. The Nurse of Tomorrow, A Report on Nursing in Hawaii. Honolulu, July 1952.

MABEL L. SMYTH MEMORIAL BUILDING

Georgia Mix, R.N.

The Mabel Smyth Building was dedicated January 4, 1941 to the memory of Miss Mabel L. Smyth, an outstanding nurse of the community, who met an untimely death in 1936. She had served as President of the Nurses' Association, City and County of Honolulu, and as the Chief in the Bureau of Public Health Nursing. Miss Smyth was one of the enthusiastic planners for a building for nursing activities.

The attractive Mabel Smyth Building on the corner of Beretania and Punchbowl Streets provides headquarters for the professional organizations of both nurses and doctors of the Territory of Hawaii.

Over the entrance of the building, wrought in concrete, is the Aesculapian Staff and Serpent, the emblem of the medical profession, surrounded by leaves of the *a'pe,* Colocasia macrorrhiza, symbolic of the sub-tropics.

The first floor houses the offices of the Board for Licensing of Nurses, the Nurses' Association, Territory of Hawaii, the Nurses' Association, District of Oahu, the Bureau of Medical Economics and the Nurses' and Physicians' Exchange.

A conference room, a lounge with a kitchen, a lanai and the auditorium are also on the first floor. The air-conditioned auditorium has a seating capacity of 341 persons.

The second floor houses the Medical Library which contains over 20 thousand volumes, including journals and medical books. The Library is open to the doctors, nurses, interns and student nurses of the territory. The Hawaii Medical Association and the Honolulu County Medical Society also have offices on this floor.

Visitors often pause to admire the primavera panelling in the main lobby, the doors to the Library which are carved in torch ginger pattern and the elaborately cut-out plywood screen surrounding the lanai.

The Mabel Smyth Building is available for use to the doctors, nurses, health and welfare organizations and such other individuals and organizations as may be approved by the Board of Management.

Contributions to the INTER-ISLAND NURSES' BULLETIN are always welcome. Please submit all material to Miss Georgia Mix at St. Francis Hospital or to Miss Helen Ohara in the Mabel Smyth Building.

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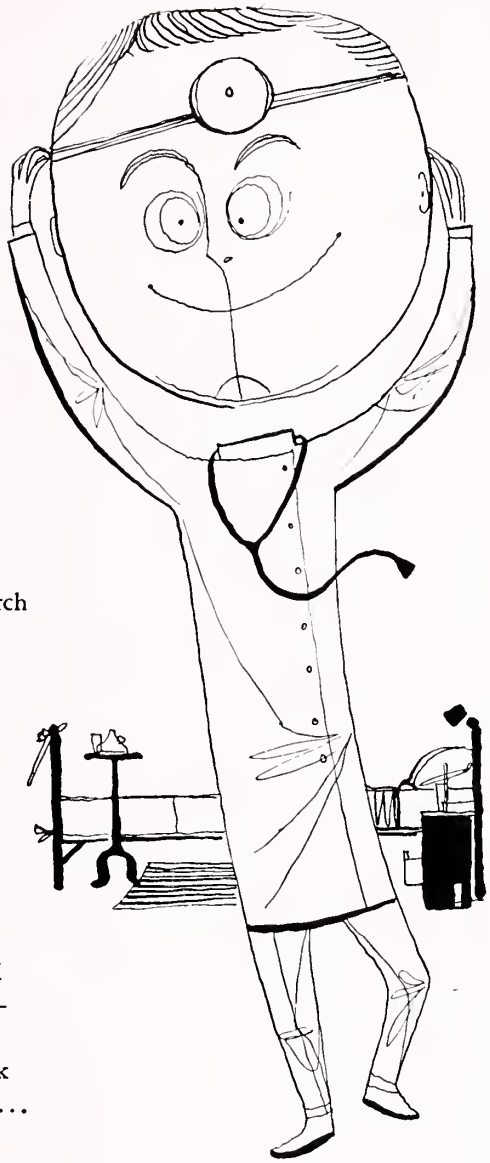
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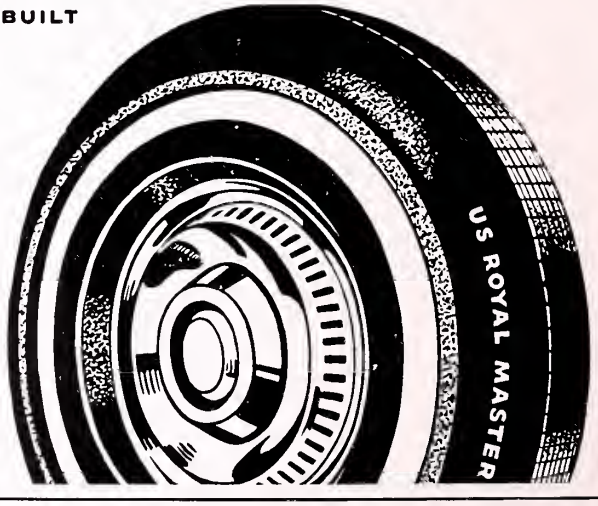
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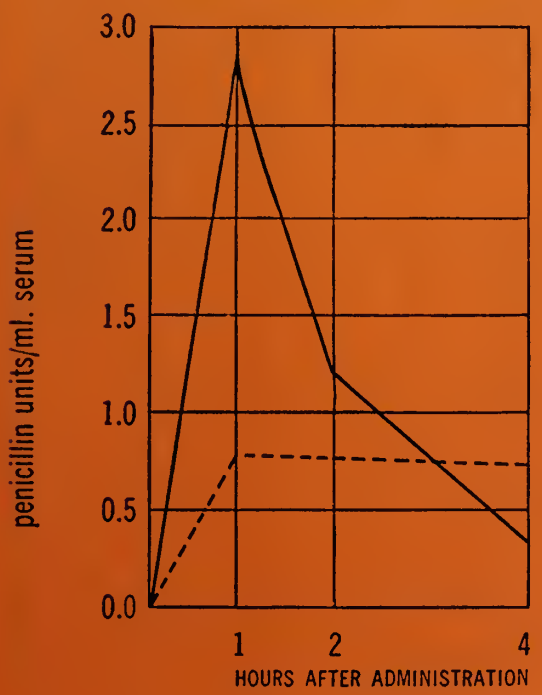
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1. Wright, W.W.: Personal communication.
2. Price, A.H.: Personal communication.

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*Krantz, J. C., Jr., and Carr, C. J.: The Pharmacologic Principles of Medicol Practice, ed. 3, Boltimore, The Williams and Wilkins Company, 1954, p. 998.

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(*Continued from page 357*)

To quote from Mrs. Mason G. Lawson, National President's address, "No person is as uninteresting as a person without interests. The pitiful people are those who in their living elect to be spectators rather than participants; the tragic are those sightseers who turn their backs deliberately on the procession. The only true happiness comes from squandering ourselves for the purpose."

Certainly all of the doctors' wives in Hawaii lead interesting and full lives and the Auxiliary is one of the excellent channels through which they can lead happy and useful lives.

MRS. W. J. HOLMES
President

MEDICAL ECONOMICS

(*Continued from page 360*)

him Mrs. Irene Wong, his assistant and first full time Bureau employee. In December, 1954, a man was hired to be trained to take over full management of the Bureau; however, Mr. Kennedy still had to spend a great deal of time in Bureau work.

By the end of the second fiscal year, the Bureau had received $212,552.98 in assignments, and had made a $1,567.00 profit, which reduced the deficit to $1,369.00. Although the Bureau operated in the black during 1954-55, there were problems. The man hired to take over the Bureau's management was not working out, and the problem of space was still unsolved.

Mr. Robert A. Short was hired in November to take over active management of the Bureau. Mr. Kennedy reports that he is doing an excellent job.

On December 27, 1955, the Board of Governors authorized Mr. Kennedy to look for additional space for the Bureau and the Society, and on February 3, 1956, the Bureau moved into the Stella Lowrey Room in the Mabel Smyth Building. The space problem had also been solved.

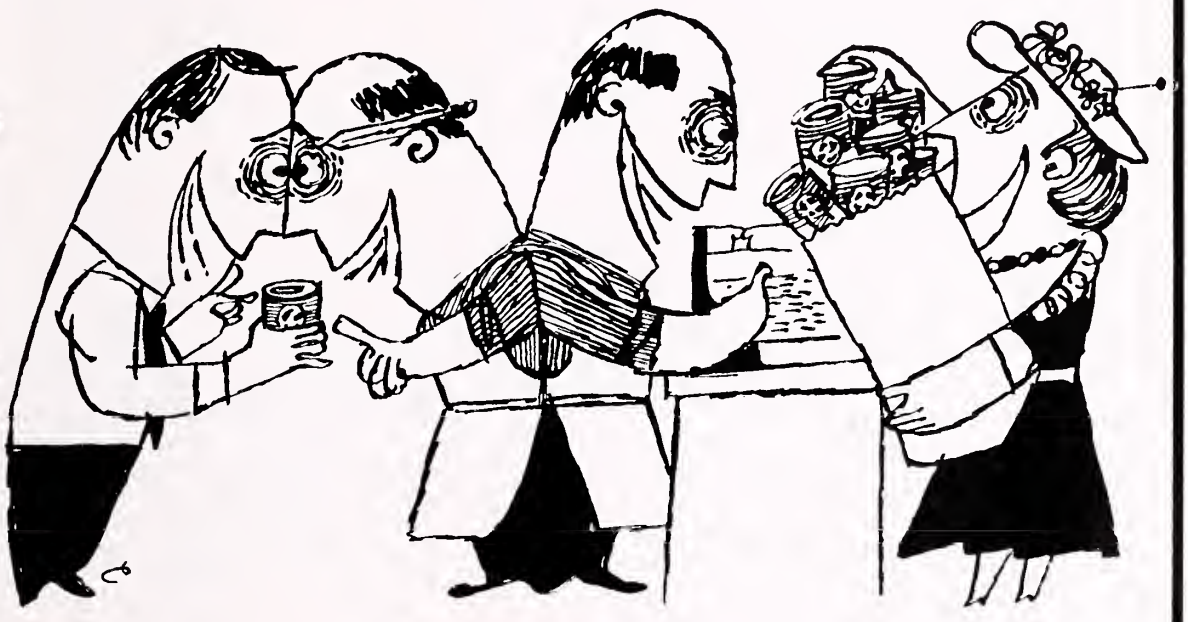
Finally, it is anticipated that the 1956-57 fiscal year will wipe out the deficit holdover of $1,369.00 and that the Bureau will continue to pay one-half of the Medical Society secretary's salary and two-thirds of the Executive Secretary's salary. This leaves the Honolulu County Medical Society with no further salary expense than they had prior to the hiring of an Executive Secretary.

R. M. KENNEDY
Executive Secretary

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Optimal dosage proved to be one envelope (7 grams) of Knox Gelatine administered daily for three months. Improvement, however, was noted after the first month. If you would like more complete details of this work, just use the coupon.

1. Rosenberg, S. and Oster, K. A., "Gelatine in the Treatment of Brittle Nails," *Conn. State Med. J.* **19**:171-179, March 1955.
2. Tyson, T. L., *J. Invest. Dermat.* **14**:323, May 1950.

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H.M.S.A.

(*Continued from page 361*)

nity. After six months of extensive study, the committee prepared the Community Group Medical Plan and HMSA was designated as the Administrative Agency. The plan offers coverage from the very first visit for illness or accident, surgical benefits on a "Service Basis" for families with income up to $10,000.00, 50% coverage for diagnostic x-ray and laboratory services, and liberal hospital benefits for 120 hospital days per illness. In order that this plan may be offered to the public at a rate which they can afford to pay, the medical profession again offered financial support so that statistics may be developed to determine the real costs for such an extensive coverage medical plan.

With the introduction of the Community Group Medical Plan, Hawaii has one of the most comprehensive medical plans in the United States. It is now in a position to meet the public demand for the comprehensive benefits currently as indicated by President Eisenhower in his National Health recommendations, the proposed Medical and Hospitalization coverage for servicemen's dependents and U. S. Civil Service Employees, and to meet benefits negotiated in Labor-Management meetings. Its scope of benefits meet practically all specifications outlined by the Blue Shield-Blue Cross Commission in their efforts to develop a uniform nation-wide plan.

With the continued enthusiastic support of physicians, the Association can maintain and improve its valuable service to the community, permit the people of Hawaii to enjoy freedom to choose their own physician or hospital, and to help keep medicine as a private enterprise without subsidy, regulations or control by governmental or other agencies.

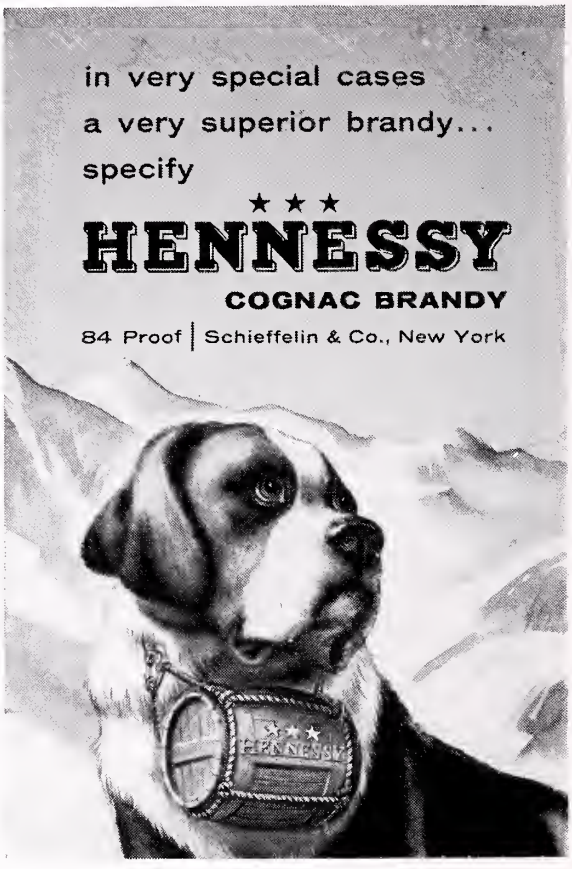
COUNTY REPORTS

(*Continued from page 364*)

cost of 10% of drugs. Dr. Sanders read a letter he had received from Dr. Reppun pertaining to his views on the I.L.W.U. drug proposal. This sum and substance boiled down to warn the Society to beware of pink pills for pale people.

Dr. Rockett introduced Dr. Quisenberry, our guest speaker for the evening, who gave a talk on tumors of childhood followed by a movie on the same subject.

JAMES F. FLEMING, M.D.
Secretary-Treasurer



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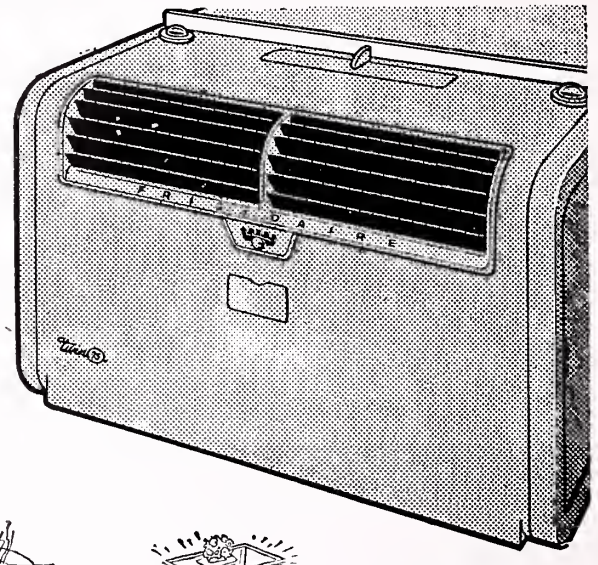
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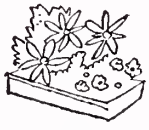
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Erythromycin in treatment of pyoderma*

8/12/55

DISCHARGE SUMMARY

Patient, white female, age 39, entered hospital with a diagnosis of lymphoma, proved to be lymphosarcoma by biopsy.

Initially she was treated by X-ray radiation, adrenal cortical hormone and an antinauseant. During this regimen she developed a generalized rash which became infected. This was a drug reaction with infection due either to (1) scratching or (2) a low WBC count due to radiation. A number of boil-like lesions appeared over the body.

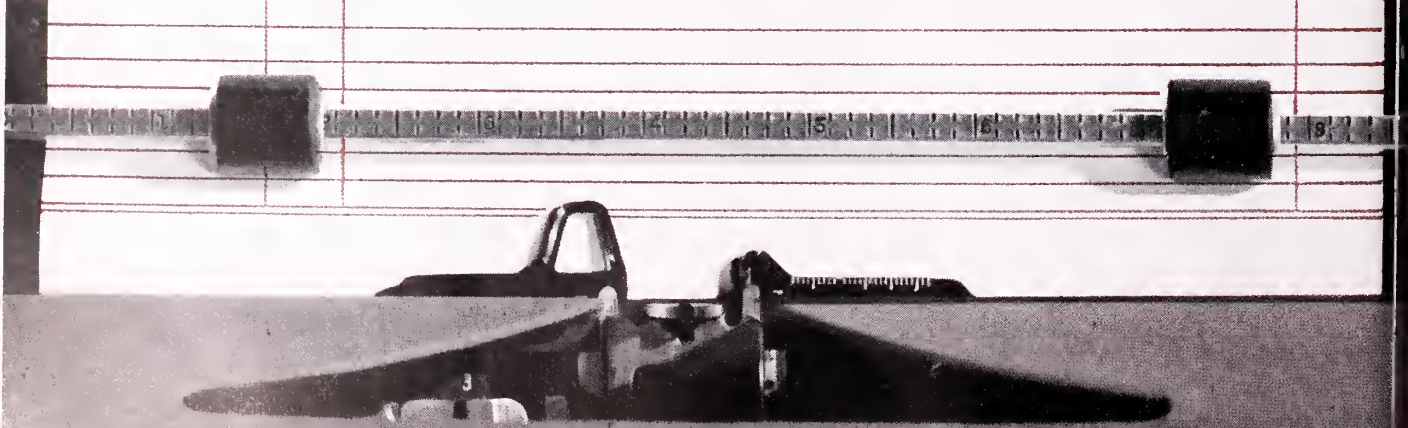
On 8/4 penicillin was started in a dosage of 600,000 units daily. Penicillin was continued for six days during which time the pyoderma became worse.

Aspirated material from the lesions yielded hem. S. aureus, coag. + and the following sensitivities were obtained: penicillin, more than 10 units; erythromycin, 10 mcg.; tetracycline, 50 mcg. When these results became available penicillin was discontinued.

On 8/9, erythromycin was started in a dosage of 200 mgm. q. i. d. Marked improvement was noted very soon and by 8/12 almost complete healing of all lesions had occurred. Patient was afebrile throughout.

Final Diagnosis: (1) lymphosarcoma (2) secondary pyoderma due to hemolytic Staphylococcus aureus.

Result: complete healing of secondary pyoderma with erythromycin.



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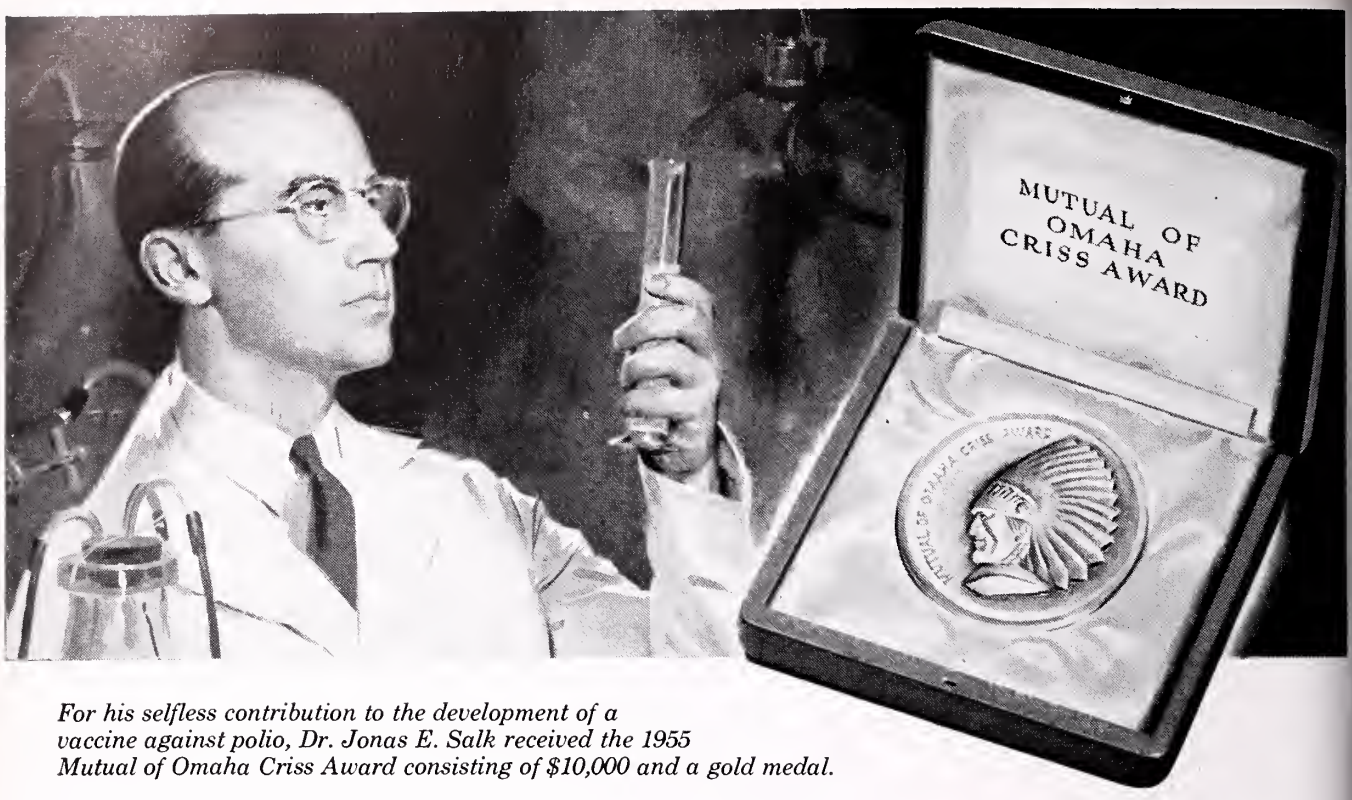
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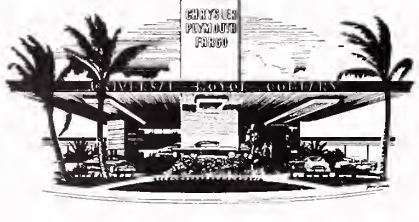
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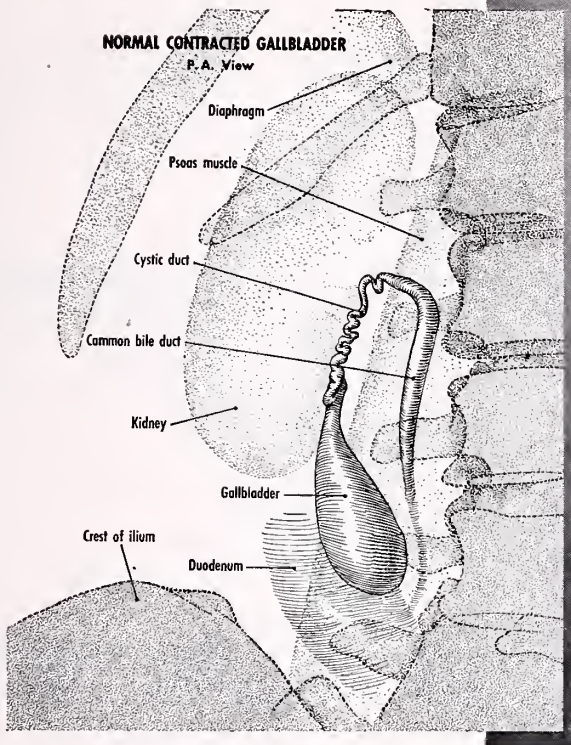
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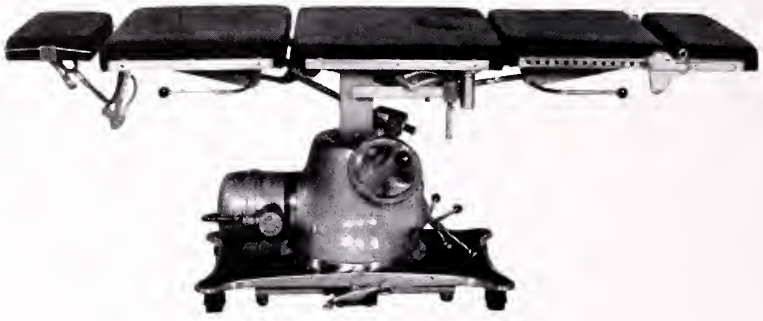
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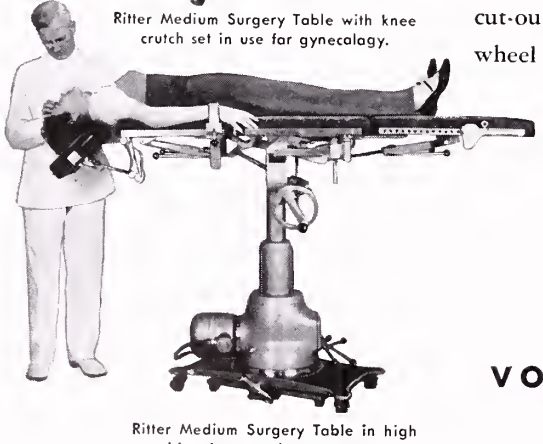


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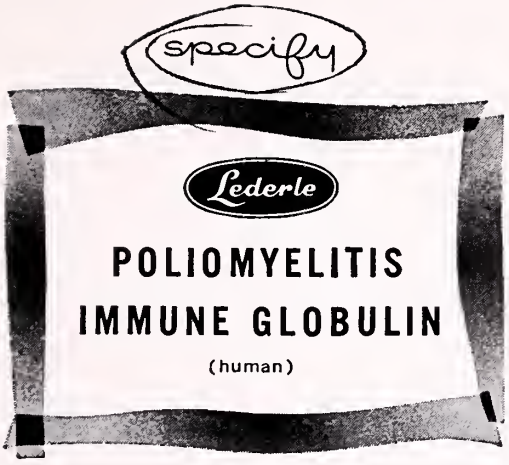
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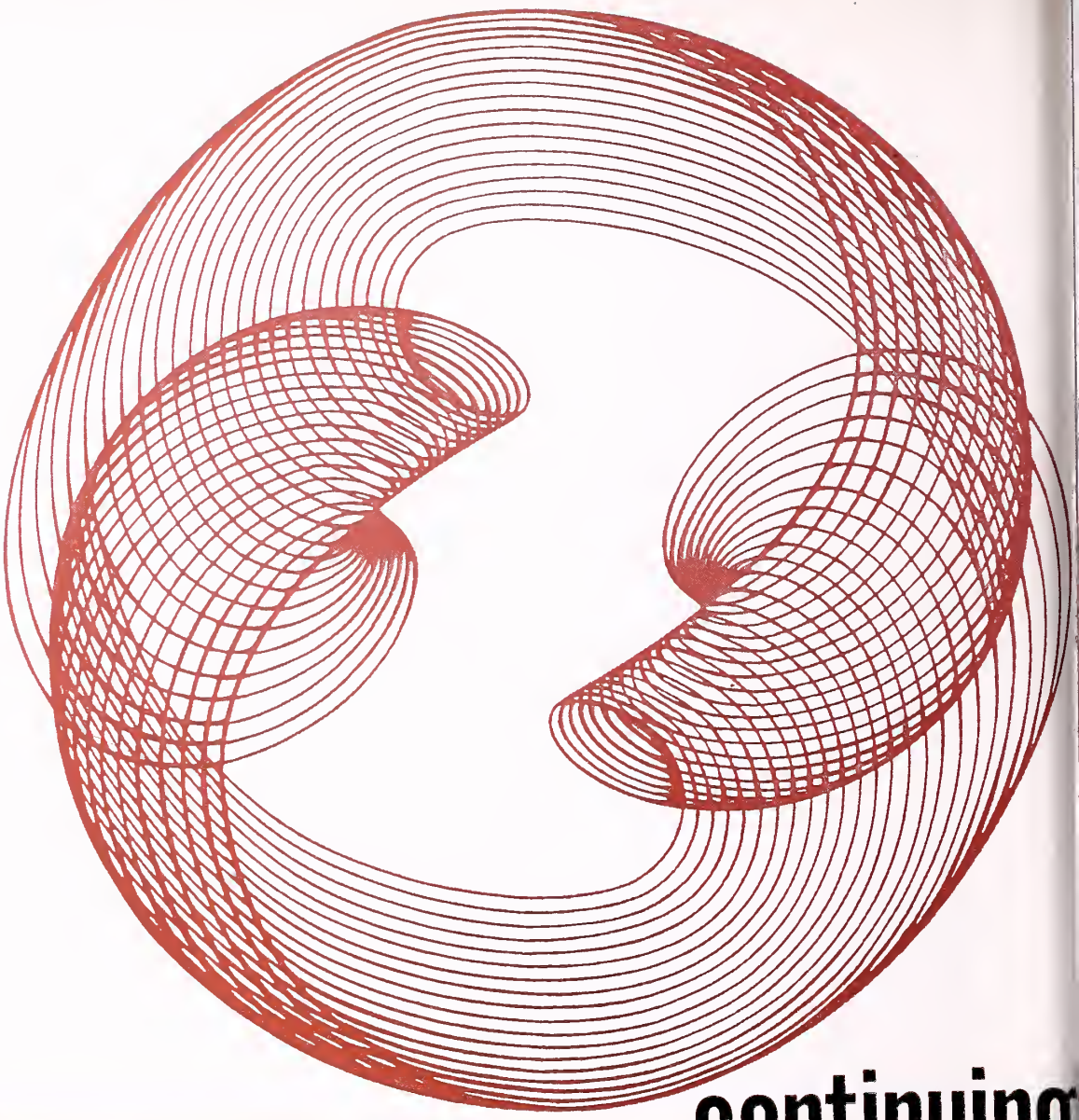
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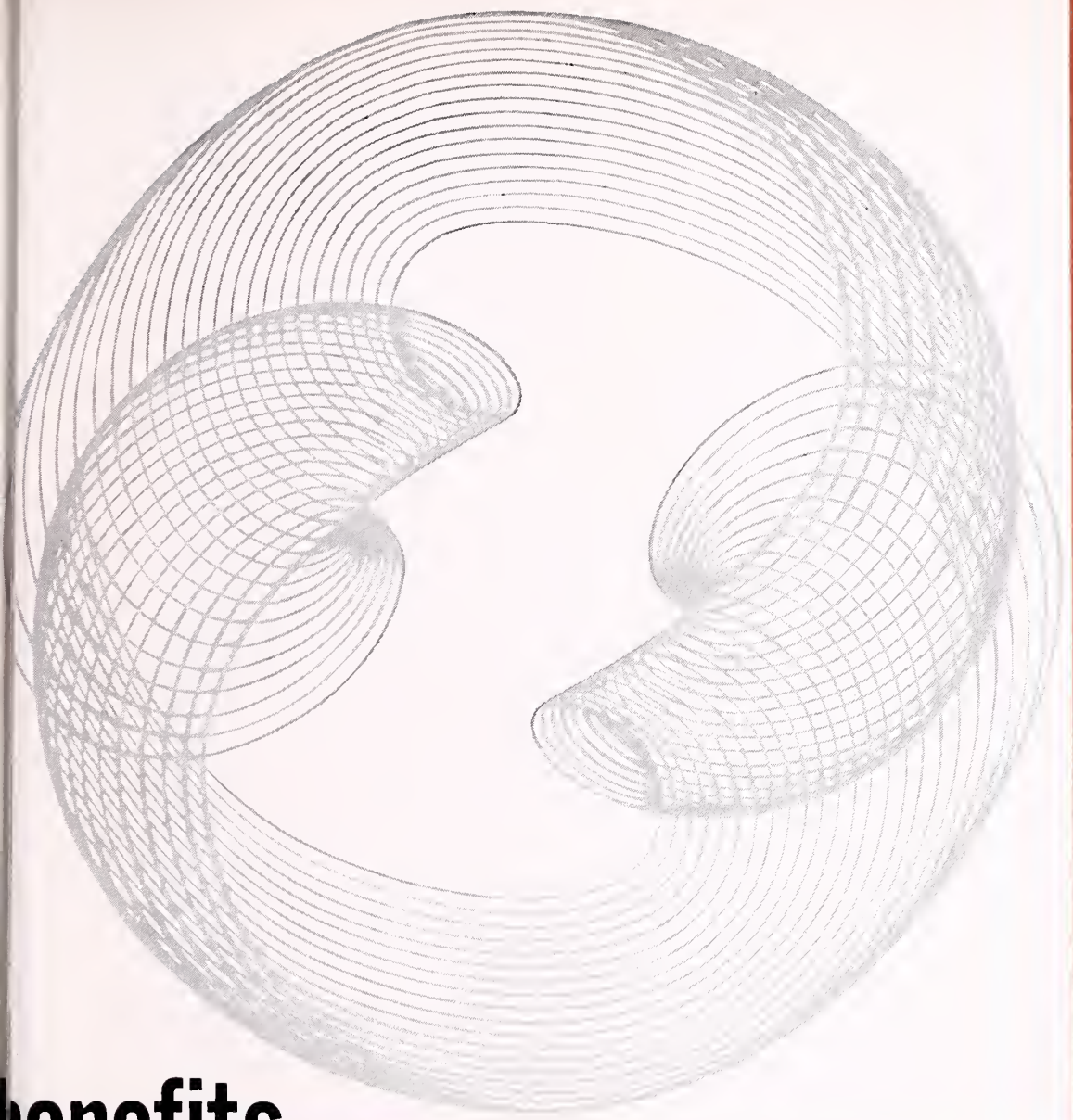
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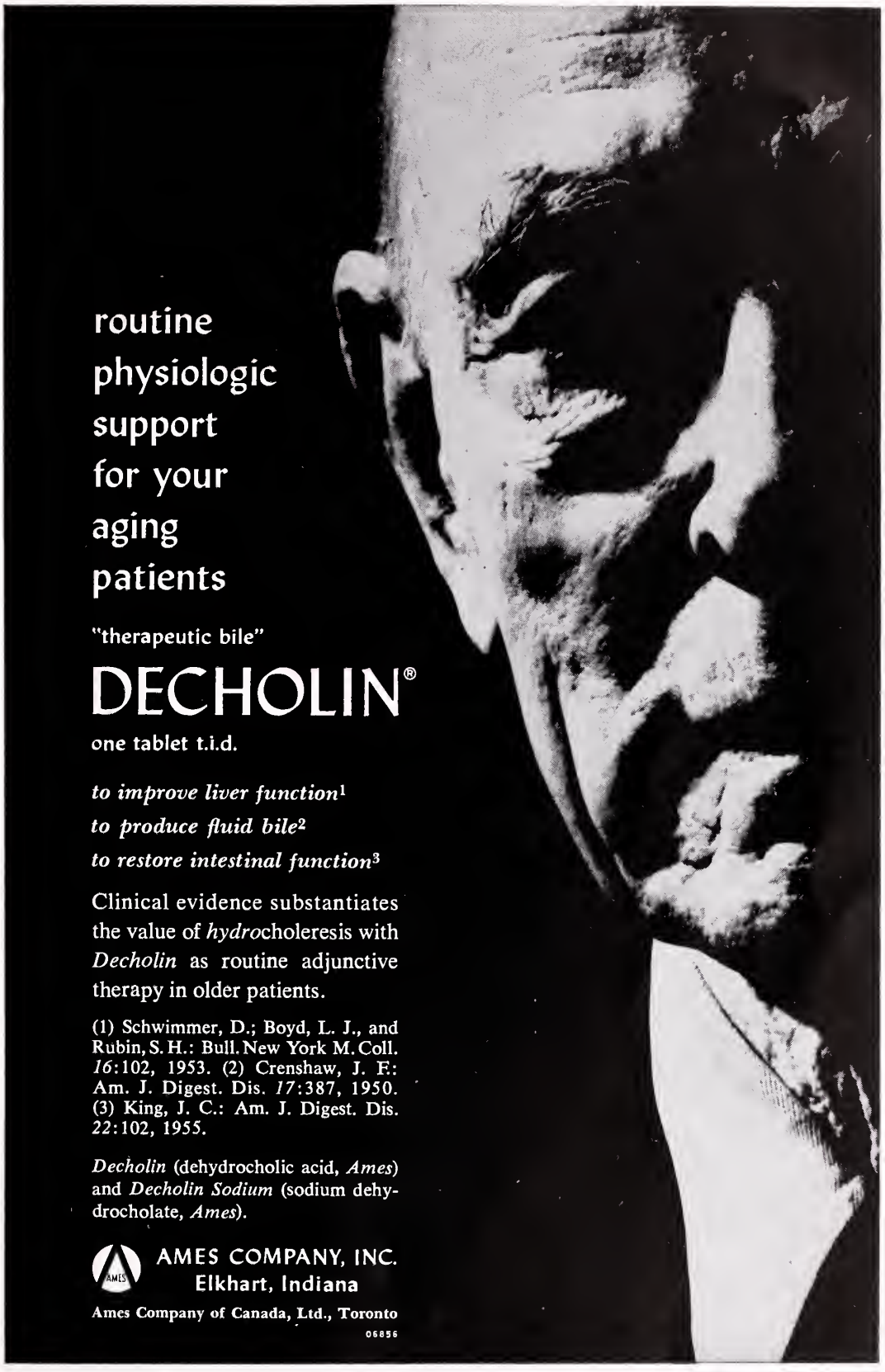
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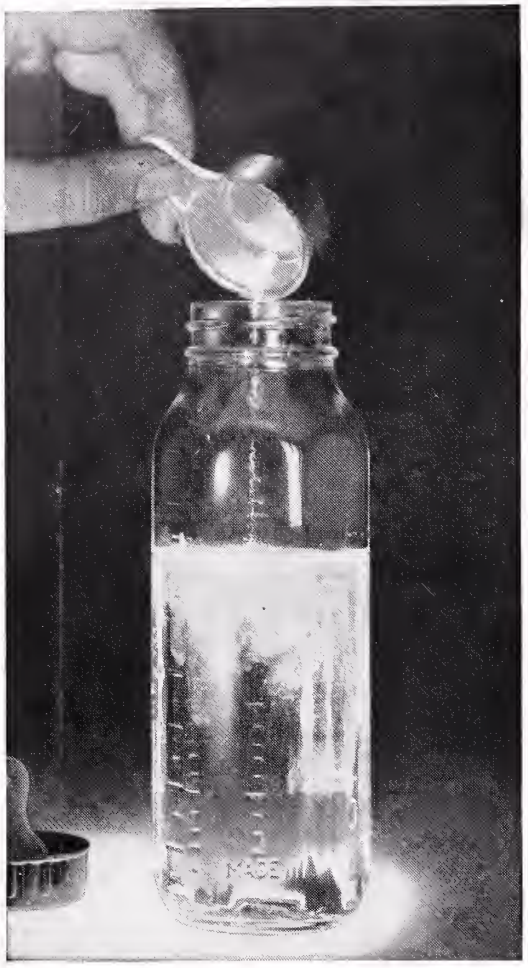
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2. Moyer, J. H.; Dennis, E., and Ford, R.; Drug Therapy (Rauwolfia) of Hypertension. II. A Comparative Study of Different Extracts of Rauwolfia When Each Is Used Alone (Orally) for Therapy of Ambulatory Patients with Hypertension, A,M.A. Arch. Int. Med. *96*:530 (Oct.) 1955.

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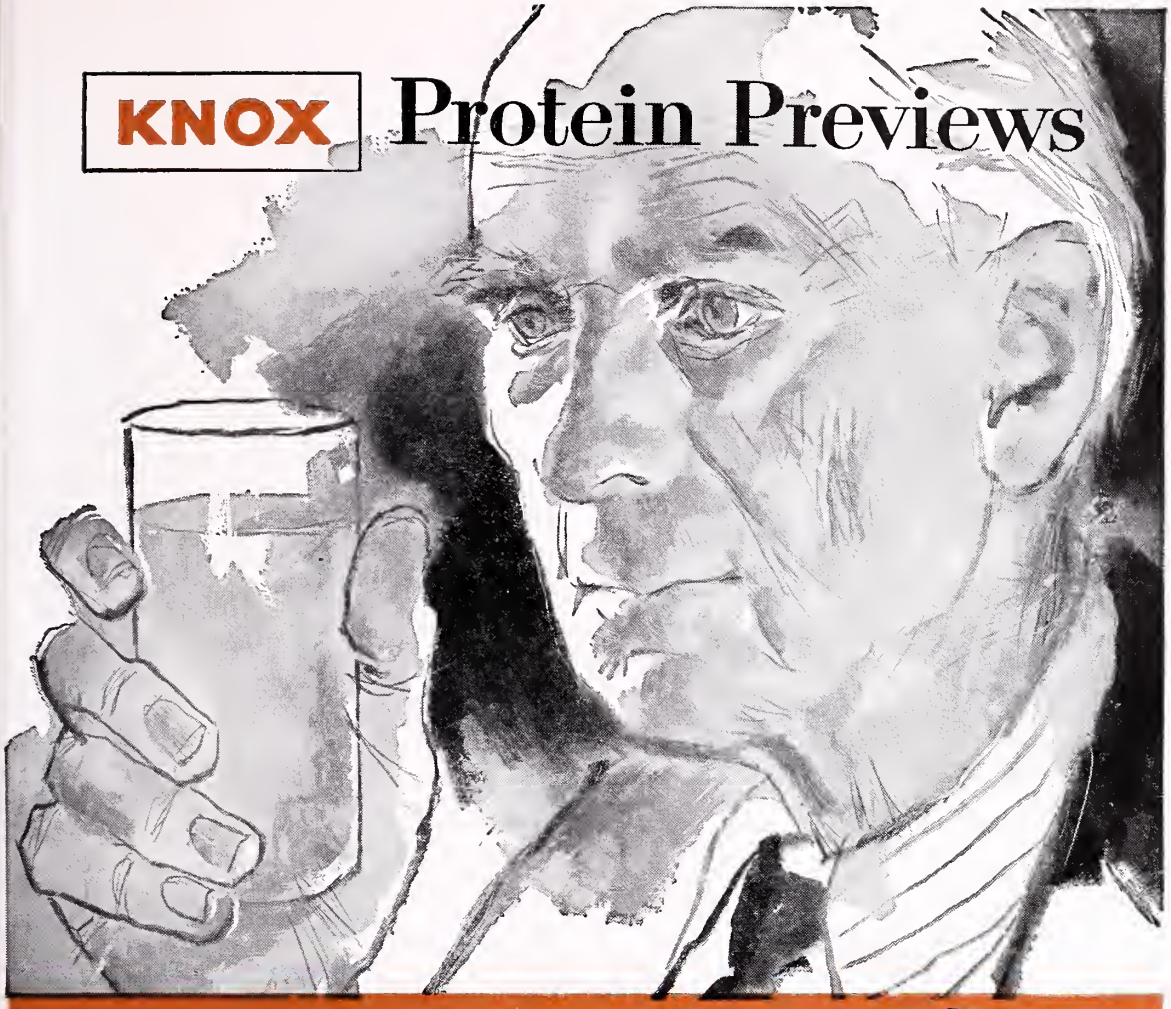
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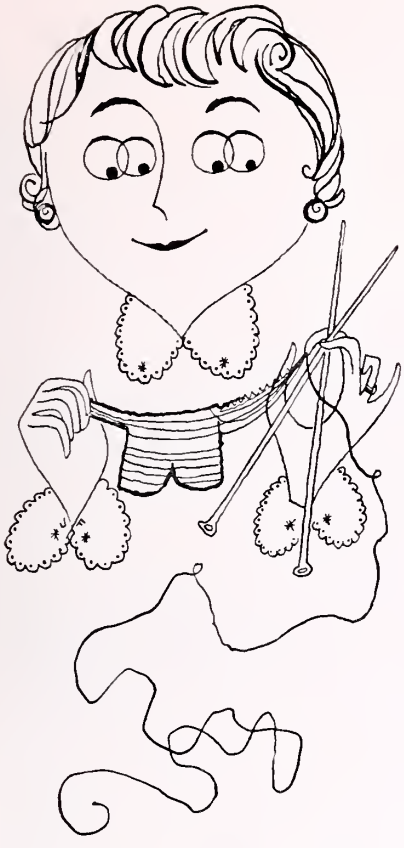
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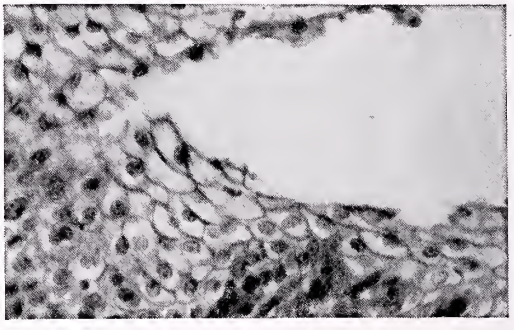
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Proves highly effective — With the Davis technique† you can now rid patients of "trich," even cases that have resisted other treatment. VAGISEC liquid was developed as "Carlendacide," by Dr. Carl Henry Davis, M.D., noted gynecologist and author, and C. G. Grand, research physiologist.[1] Clinical trials by more than 150 physicians show better than 90 per cent success.[3]

Use liquid and jelly — In the Davis technique, VAGISEC liquid is used in office therapy. At the same time, liquid and jelly are prescribed for home use. They are well tolerated, leave no messy discharge or stain.

Office treatment — Expose vagina with speculum and wipe walls dry with cotton balls. Then wash thoroughly with a 1:100 dilution of VAGISEC liquid. Remove excess fluid with cotton balls. Dr. Davis recommends six treatments.

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References: 1. Davis, C. H., and Grand, C. G.: Am. J. Obst. & Gynec. 68:559 (Aug.) 1954. 2. Davis, C. H.: J.A.M.A. 157:126 (Jan. 8) 1955. 3. Davis, C. H.: West. J. Surg. 63:53 (Feb.) 1955. 4. Davis, C. H. (Ed.): Gynecology and Obstetrics (revision), Hagerstown, W. F. Prior, 1955, vol. 3, chap. 7, pp. 23-33. 5. Lanceley, F., and McEntegart, M. C.: Lancet 1:668 (Apr. 4) 1953.

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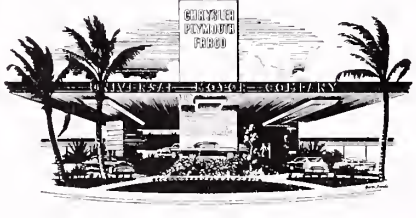
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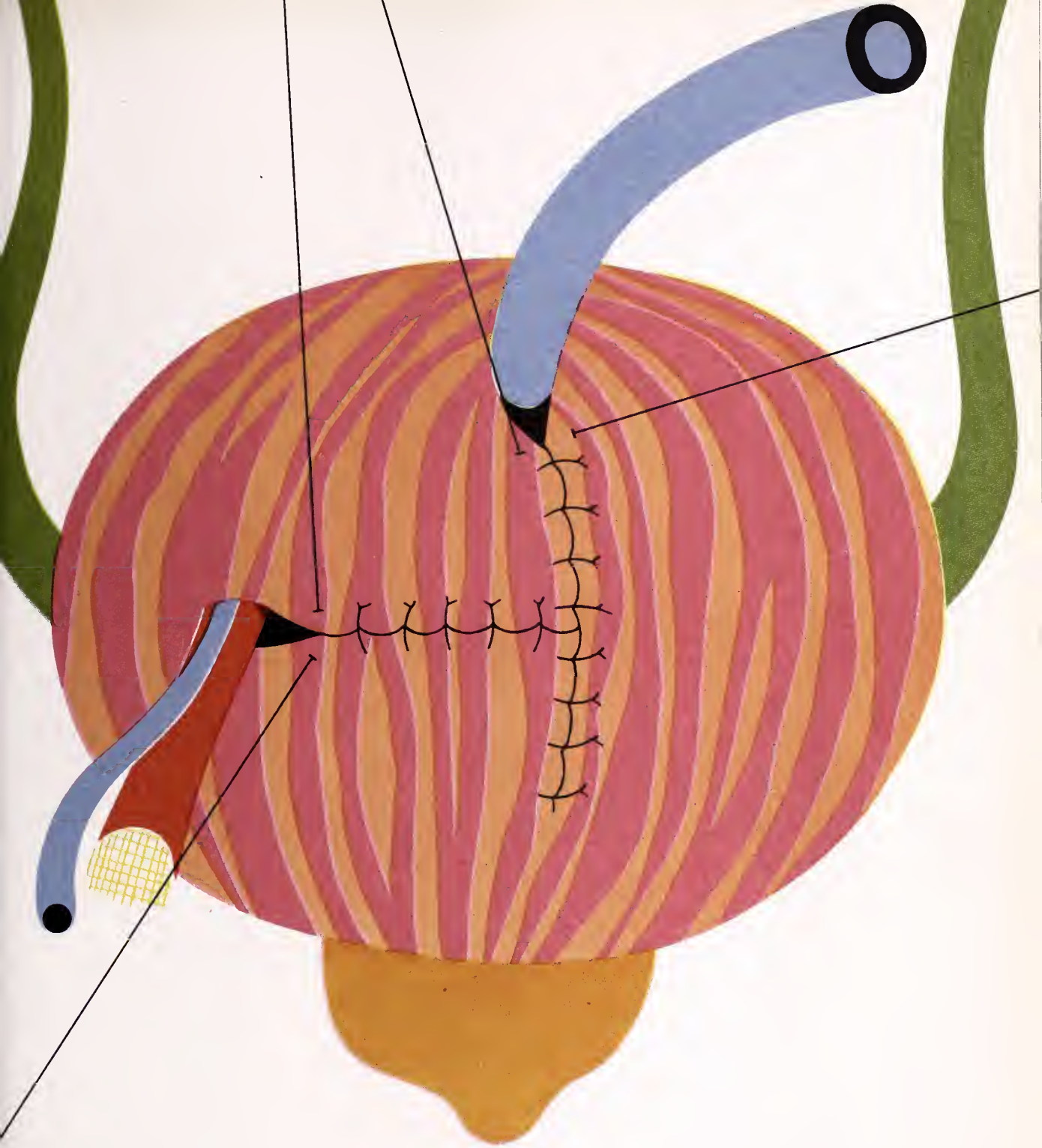
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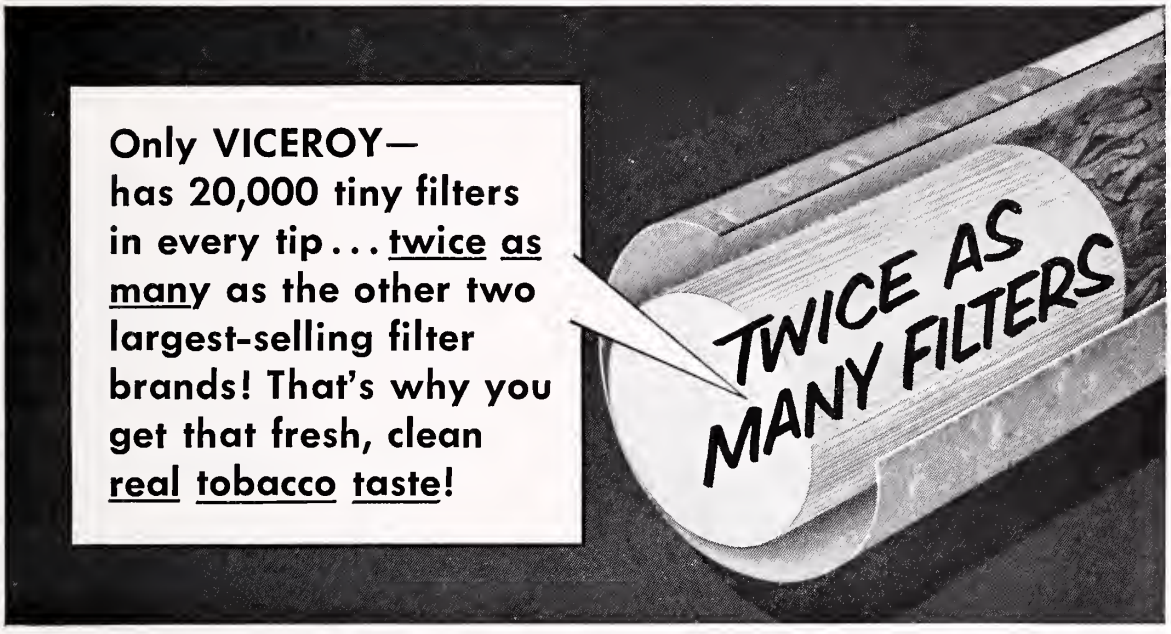
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—Bullein, W.: Government of Health, 1595.

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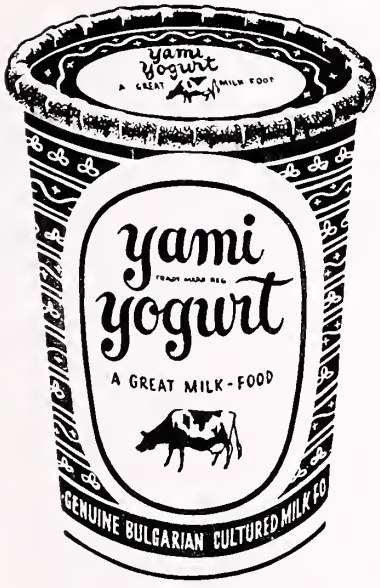
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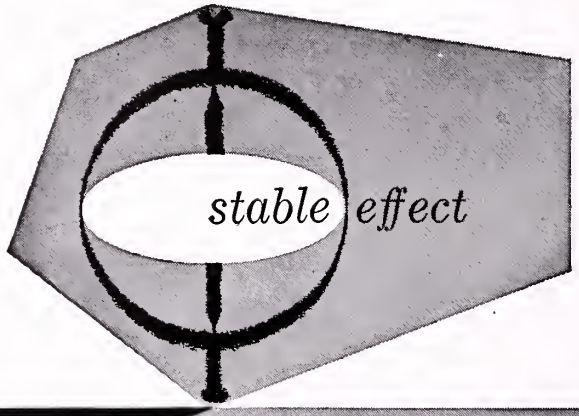
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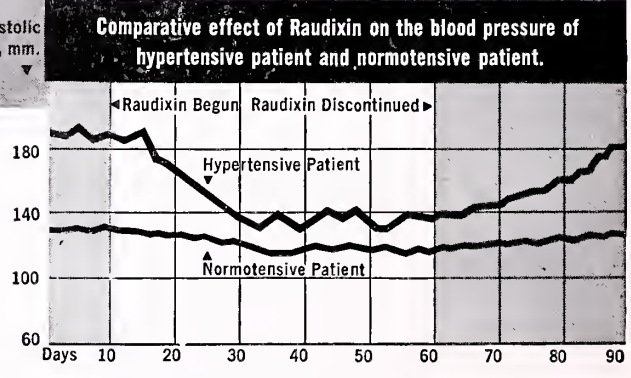
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80TH ANNIVERSARY 1876 • 1956

Presidential Address

Hawaii: Her People, Past, Present and Future

CLARENCE E. FRONK, M.D., Honolulu

IN CASTING about for a subject to present to you today, I found myself in much difficulty. You are being told, pictorially and in lectures and in scientific papers, of 100 years of medicine in Hawaii. You have heard much of the decline of the Hawaiian race due to disease. I wish to tell you of not only their decline, but the decline of all primitive people due to other factors. The loss of spiritual and cultural factors and values is equally important.



DR. FRONK

The difficulty in which I found myself is that there is so much to tell, and so little time in which to tell it. Much of the material for this portion of my address has been taken from "Depopulation Among the Native Hawaiians" by Jack A. Myerson.

The Hawaiians are a branch or sub-group of the great Polynesian family,[1] which, at the dawn of modern history, occupied the eastern tier of islands in the Pacific Ocean. It is generally believed that the ancestors of the modern Hawaiians came from the Society Islands (Tahiti); it is almost certain that the later ones came from there.[2] Besides the ethnological problems surrounding the origin of the early Polynesians, there is the historical question as to when they came into the Pacific and the routes they followed to reach the far-separated island groups that were occupied by them. But whatever the routes, the Society Islands were ultimately established as the headquarters of the Polynesian main body.

From this center various groups later dispersed to people other islands, taking with them a common basic language, the same foodstuffs and animals, a common religion, and a common cultural background of myth and tradition. Therefore, all Polynesian cultures, wherever found in the wide spaces of the Polynesian triangle, have common elements that can be traced back to a common period of reorganization in central Polynesia.[3]

"Man does not live by bread"—nor survive by health—"alone." It is not epidemic disease, but loss of their gods and traditions, that destroys populations, and has reduced the native Hawaiian population so drastically in the past century and a half.

Go back with me in retrospect nearly 1,000 years ago. In Tahiti a Polynesian king is holding court with his High Chiefs. Ways and means are being discussed to broaden the scope of territory into which his people can expand. They are the world's finest navigators. No sextants and compasses for them. Only the sun, moon and stars are needed to guide them. There are rumors of fair uninhabited islands to the east. The spirit of adventure is strong. They have faith in themselves, their seafaring knowledge and their gods. No expedition was ever more carefully planned. They had the world's best, then and later, double outrigger canoes. For months, probably years, they conditioned themselves for a long journey by restricting their diet and water consumption. At last they were ready. With their canoes piled high with bamboo tubes of water, taro, coconuts, pigs, chickens, dogs, they turned their faces into the east.

With faultless navigation they hedge-hopped, as it were, from island to island. Three to four weeks across open sea was their longest journey. They finally arrived at fair Hawaii, then uninhabited by man, unless we believe the tales told in legends of the menehunes. For two hundred years or more, a constant succession of such journeys was made between Tahiti and their new found home. Whole families and clans had been transported across the ocean wilderness. They had brought with them their religion, their culture, and much of their future foods. This was the beginning of the Hawaiian branch of the Polynesian people.

Presidential Address given at the Centennial Meeting of the Hawaii Medical Association in Honolulu, Hawaii, April 27, 1956.

[1] The other principal branches of the Polynesian family are the Maori of New Zealand, the Samoans, Tongans, Tahitians, Cook Islanders, and Marquesans.

[2] Ralph S. Kuykendall, *The Hawaiian Kingdom*, 1778-1854 (Honolulu: University of Hawaii Press, 1947), p. 3.

[3] Peter H. Buck, *Vikings of the Sunrise* (New York: Stokes, 1938), p. 65.

For nearly eight hundred years they were not disturbed by outside influences. They had not brought with them any of the infectious and contagious diseases then or now known to man. Only the degenerative diseases were present, plus the so-called "wasting diseases" brought on by being placed under the spell of their kahunas or priests, the penalty for the breaking of a tabu.

When Capt. Cook dropped his anchor off the shores of Kauai in 1778, they had increased in numbers to about 300,000 souls. You have been told in stories, legends and in accurate scientific papers of their decline due to the inroads of disease; diseases brought by their discoverers and later visitors. This phase of their decline will not be elaborated upon.

You have also been told, through various media, of the type of medicine developed and practiced by their own medical men. Let us not forget, however, the spiritual aspect of their lives, their culture, their mode of life developed through hundreds and thousands of years. Medicine and religion were not to them things apart. They were to them one and the same, inextricably interwoven. With them, "Man can not live by bread alone." Again, you have heard and know of their medicine. But what of their religion and culture?

Religion

Religion played an important role in native Hawaiian life, for all objects and forces had their individual gods to whom the Hawaiian appealed before any action was undertaken.

Polynesian religion may be dealt with in three stages. Firstly, the creation of gods by man through the deification of ancestors. Secondly, the creation of man by the gods when an organized priesthood in central Polynesia institutionalized the pattern of theology. Thirdly, the death of the gods when the Polynesians accepted Christianity and renounced their own gods. Polynesian religion was so interwoven with the social structure of the people that the renouncement of the gods led to the abandonment of many customs and observances that formed an integral part of Polynesian culture. Hence, the death of the gods led to the decay of the culture with which they were associated.[4]

Polynesian Culture

The coming of the white man led ultimately to a complete revolution in Hawaiian culture. In order to more fully appreciate the consequences of the impacts, it would seem that brief mention should be made as to the fundamentals of that culture. The following items represent excerpts from Handy[5] which summarize a few of the more significant elements of the basic cultural pattern.

The Kapu: The Kapu was the principle of integration of the old Hawaiian culture. Kapu is defined as "regulation of living according to psychic law," or "discipline by imminent supernormal agency."

Social Classes: The ancient society was a caste system, with kapu regulating the relationship and respective functioning of the three castes: *alii* (sacred chiefs), *makaainana* (commoners) and *kauwa* (outcasts).

The Family: The ancient Hawaiian family was motivated and regulated in accordance with the prevailing Polynesian principle of the sanctity (*kapu*) of the male and the commonness (*noa*) of the female. This regulated personal and marital relationships. Terms of relationship reflect the sex classifications. Economic and domestic functions were based on it: males segregated themselves for cooking, eating, working. Females had their separate places for eating, natural functions connected with reproduction, and industries. The father was priest for the family gods. Women had their separate patron spirits.

Abolition of the Kapu: At the end of the eighteenth century, a powerful chieftain, Kamehameha I, was able to conquer all the islands and unite them under his rule. In so doing, he had unwittingly prepared the way for the abolition of the kapu which certainly never could have been achieved by edict under the ancient system of divided rule under many chiefs.

Kamehameha died in 1819, and his son, Liholiho, abolished the kapu almost immediately after his accession to the ranking title. The effect of it was like that of displacing the keystone of an arch. The whole structure, both of idol-worship and the tabus, fell at once into ruins. The high-priest himself set the example of setting fire to the idols and their sanctuaries, and messengers were sent to neighboring islands to proclaim the abolition of the tabus.

In a word, the chief and kahuna at a stroke swept away the principle upon which they stood. In principle, they abolished their respective roles, and at the same time the principle of discipline and integration of the native social order, and the social and industrial pivots upon which the commoner was dependent.

A picture is drawn of the condition of cultural deprivation and demoralization that must have prevailed as a result of the revolution or abolition of the kapu, in the two decades following 1820; the effect on family life, relations between the

[4] Peter H. Buck, "Anthropology and Religion," *Proceedings Hawaiian Academy of Science, Special Publication 35* (Honolulu: 1940), p. 9.

[5] Edward S. C. Handy, "Revolution in Hawaiian Culture," *Proceedings Hawaiian Academy of Science, Special Publication 19* (Honolulu: 1931), pp. 4-6.

sexes, the withdrawal of leadership of king and kahuna in relation to planting, war, fishing, boat and house building; the effect on children born at that time; the psychological condition, confusion, troubled mentality, slackness, uncertainty; so that the mind of the individual and the whole social body must have suffered. After 1820, the year in which American missionaries arrived, it was at least a generation before the better influences of Euro-American civilization even began to take root in the life of the masses. But in the interim, while divested of every stabilizing influence of his own cultural heritage, the native was subjected to the worst possible influences brought by seafaring men and adventurers from America and Europe.

The decay of native morale, and I refer to native people world-wide, needs a more detailed statement. We are dealing here with one cause for depopulation that is not strictly a medical issue, but one which could be referred to as the psychosomatics of resistance to human fecundity.[6]

Altogether too frequently, the role of disease is stressed as the explanation of the decline of Pacific Islanders. Medical men who approach the problem are apt to lay more stress on those factors of elimination which come within the scope of their special study in hygiene and medicine. Understandably, they might indeed overlook the psychological factors which surely cannot be separated from a population study. The fact that the whole answer lies not alone in the disease problem is expressed by Pitt-Rivers.[7]

> Epidemics cannot exterminate, do not even permanently check, the growth of population; if they did, Europe would never have recovered so resiliently from the Black Death. The crucial factor is not widespread death of adults, but general loss of fecundity due to inadequate adaptation to new values. Actually, too little is yet known about the emotional factors involved in conception for this to be any more than fertile surmise.

A statement by another sober ethnologist, Malinowski, corroborates the foregoing.[8] He says:

> Now once you make life unattractive to a man, whether savage or civilized, you cut the taproots of his vitality. The rapid dying out of native races is, I am deeply convinced, due more to wanton interference with their pleasures and normal occupations . . . than to any other cause.

Hawaii had reached ebb tide in native morale by the 1840's. The disintegration was quite complete, however peaceful it had been, and the Hawaiian was dying out as a race; his health, physical, psychological and social, was completely undermined. New strange codes of behavior and social values were being imposed by the invaders.[9] One of the tenets in modern psychological treatment is that the patient must receive, in return, something better than has been taken from him. The native Hawaiians were unable to receive this kind of vital consideration. The superior techniques of the foreigners did not compensate for the disappearance of the old and familiar and all that had once made life so rewarding.

It would seem, therefore, that the white man's diseases were agents of depopulation in the Hawaiian Islands, but that the group loss of a will to live is a cultural intangible variably mixed up in the historical development of depopulation.[10]

Fortunately for their own salvation, the Hawaiians were to receive a reprieve from utter extinction through the intervention of the missionaries, who sought not only to convert the natives to Christianity, but to protect them from others of the white race.

Contributions by the Missionaries

By 1819, Hawaii was a land without a religion. The religion of the early Hawaiians, a highly organized polytheism administered by a priest class, was overthrown and the idols destroyed in 1819. This came about through realization of their impotence, as manifested in the freedom from punishment of foreigners who mocked the tabus and who desecrated the temples. This voluntary abolition of the old religion made much easier the task of the American missionaries who arrived a year later.[11]

In failing to understand the native's way of life, the missionary tried to force upon him a different kind of civilization, possibly before he was ready to accept it. But the fact remains that, had it not been for these men, the island peoples would have suffered far more than they did. The missionaries were in many cases responsible for helping to raise the general living standards of these people.

Depopulation due to the uprooting of the cultural background of primitive tribes is common the world over. Destroy their religion, their way of life, and you destroy their will to live. This same rule applies in the animal world. In America in the late eighteen sixties the American bison numbered upwards of 60 to 70 million. During the eighteen seventies probably not more than 10 million were killed. Yet in a few years they were al-

[6] J. C. Furnas, *Anatomy of Paradise* (New York: Wm. Sloane Associates, 1947), p. 381.

[7] Pitt-Rivers, *op. cit.*, p. 70.

[8] Bronislaw Malinowski, *Argonauts of the Western Pacific* (London: George Routledge and Sons, 1922), as quoted by Furnas, *op. cit.*, p. 381.

[9] Morgan, *op. cit.*, p. 120.

[10] "The impact of Diseases upon the Hawaiian Islanders: A study in Medical Geography." Joint paper by J. E. Spencer and J. A. Myerson, University of California, Los Angeles. *Yearbook of the Association of Pacific Coast Geographers*. Vol. 13, 1951, p. 44.

[11] William R. Castle, Jr., *Hawaii, Past and Present* (New York: Dodd, Mead, 1916), p. 39.

Marriages By Race of Groom and Race of Bride
Territory of Hawaii, 1954

RACE OF GROOM	RACE OF BRIDE										PERCENT OUT MARRIAGES AMONG GROOMS
	All Races	*Hwn.*	*Part Hwn.*	*Puerto Rican*	*Cauc-asian*	*Chi-nese*	*Japa-nese*	*Ko-rean*	*Fili-pino*	*Other Races*	
All Races	5,362	118	955	145	1,273	292	1,900	75	543	61	31
Hawaiian	94	19	50	....	12	1	8	....	4	....	80
Part Hawaiian	751	39	415	15	104	34	72	11	61	....	45
Puerto Rican	118	4	17	66	11	3	3	....	12	2	44
Caucasian	1,662	22	244	44	1,049	50	125	19	83	26	37
Chinese	280	2	35	2	10	165	54	7	4	1	41
Japanese	1,712	4	52	2	22	24	1,576	13	17	2	8
Korean	73	3	10	....	8	4	21	22	5	....	70
Filipino	596	24	112	14	44	11	36	1	350	4	41
Other Races	76	1	20	2	13	....	5	2	7	26	66
% Out Marriages Among Brides	31	84	57	54	18	43	17	71	36	57	....

most completely extinct. Much of their grazing land remained, but with the upsetting of their mode of life, their will and ability to survive died. The same with the passing of the passenger pigeon, but in a much more dramatic manner. In Africa today, great herds of antelope and buffalo disappear when civilization moves in upon them.

Let us review briefly the history of the other races that have come to Hawaii in the past one hundred years: Chinese, Japanese, Puerto Rican, Caucasian, Portuguese, Korean, Filipino, Spanish, Negro. You have been and are at this convention being told what has happened to them from a medical standpoint. You know from published statements and visual observation that inter-breeding is rapidly taking place. We are truly a melting pot. Do you realize that Honolulu is the only city in the world that has no background of one racial group? The mixture of the races has come with an amazing speed. Statistics are usually dull reading, but let me give you the marriage statistics for 1954, the latest figures available (See Table).

What of our future? With the breaking down of the racial, cultural and religious barriers we may expect that the inter-mixtures of the various peoples will proceed at a progressively more rapid rate. Through the process of amalgamation of all these people of Hawaii, a highly intellectual, healthy and handsome race will emerge. The Hawaiians of today are saddened in seeing the great decrease in their numbers and in the knowledge that as a race they are heading for ultimate extinction. The processes leading to their ultimate depopulation are gradual, almost subtle, as compared with the disastrous and rapid downward plunge which took place during the 19th century. But by extinction we mean only the physical identity of an ethnic group. The blood and the heritage of the Polynesian will never perish in Hawaii. The atmosphere and character of Hawaii as we know it today will survive for all time as a result of the mixing of Polynesian with foreign blood, through the heritage of the richer elements of the Polynesian culture.

Valedictory

It is with melancholy pleasure that I speak to you today. It is a pleasure untold to have received the honors you have bestowed upon me. For this I am profoundly grateful. May I have worn these honors and continue to do so with such dignity that the bestowers will never have cause to regret their bestowal. Now may I speak briefly of things of a personal nature?

Fifty years ago. It is May, 1906. I graduated from the Medical Department of the Saint Louis University, St. Louis, Missouri. Never have I had cause to regret my choice of my profession. Were the privilege granted to me again, I would make the same decision. Never have I regretted the devious medical paths which I have followed during this long half century of time.

Had I been given the choice of picking the date of my birth in the light of our present knowledge, I would have chosen the one predetermined for me: 1883. During these intervening years, we have passed from the old to the new. Certainly there have been more changes in that span of years than in any like time since the dawn of history.

I also look back with much pleasure and no regrets upon my military career. Following one year of internship in the St. Louis City Hospital and one year in private practice in Maryville, Mis-

souri, it is 1908. The Army beckoned. The new pay bill had just been passed and for those times it was most adequate. Admission was most highly competitive and the life rewarding. Romance rode high. One year in the Army Medical School. Fifteen years over much of our beloved America and the far flung places of the world. It was also my privilege to serve four years in World War II. Most rewarding of all, however, my military career brought me to Hawaii. It is January 1920. I became Chief of the Surgical Service of the old Tripler General Hospital. With the ending of my three years' tour of duty, I resigned my regular commission and transplanted my life to Hawaii. Again I have no regrets.

Other places beckon and call, but there is always the nostalgic urge to return. Here people have been good to me and I want no other.

The pleasures of this day are made melancholy and saddened, however, by the faces that are absent and the voices that are stilled of those we loved during the long years that we have lived and worked among you—yet which, in retrospect, seem as but yesterday. I can close my eyes and see marching down memory's lane the shadowy forms of those stalwart figures who were our contemporaries in the long ago. Medical giants of the past: McGrew, Wood, Hedeman, Jackson, Cooper, Sinclair, Judd, Batten, and a host of others; names loved and revered by my contemporaries, but almost unknown to you of the younger generation. It was these men who laid the solid foundation upon which you who are present here now have built the magnificent superstructure that is in being today.

Again, a personal observation. During the years I have spent among you, I have made many mistakes that may not have endeared me to you. For this I am truly sorry. They were of the impulse—not of the heart. As I step out of the active practice of medicine at the close of this Centennial Celebration, I can say in all sincerity that I hold neither enmity nor malice toward anyone. In fact "I ain't mad at nobody."

I expect to carry on some medical activities with which I have been associated in the past and for which I have had special training. I want to voluntarily leave the active ranks while I am physically and mentally able to do many of the things that I at least consider must be done before my life will have been complete. Also, it's time to quit—before my partners lower the boom on me. If I stayed on until they did, they might not want to continue under my name. This they have asked my permission to do, and by that token, I feel highly honored.

What do I think of our profession as a whole? I have known and seen the earth's best. This I can say in all sincerity. No locality in the world of like size can equal us in professional attainments or as medical men in the true sense of that appellation.

Have I any advice to pass on to you at this time? Yes! Briefly; but may these words be printed indelibly in your minds and hearts. We have built a reputation for good among ourselves. That reputation has been founded upon accomplishments. It has been built upon fair play and justice. Our reputation is world wide in scope. Do not tear that reputation down or let it lessen by default. Remember this: We are living in a changed and changing world. "The old order changeth": as much in medicine as in the other arts and sciences: as much as in the business, political and mechanical world. You can not stay its changing progress —for it is a progress—but you can help to direct its course. Keep one thought in mind. The "good old days" to which some of us may refer and to which some may wish to return are largely the unrealities of a feverish dream. The "good old days" are upon us now. In trying to settle the complexities of the problems that arise, we *should* have differences of opinions. Strong men do. Air them, violently if need be. But remember always that we are a democratic people: our country has reached its present great heights because of it. After the furor of battle is over, let the wounds heal and the majority rule.

Another bit of advice—non medical. Take an active part in the life of the community: Social, religious, business, but above all, politically. You and your wives and your children are an educated group. The people are crying for and need your leadership. No one of you has a right to utter one word against any political activities of any member of our government if you do not register as an active member of one of our two great political parties and belong to and take an active part in your precinct club. That is the grass roots and foundation of our political system.

Lastly, pick out a hobby while you are still young and ride it hard. What that hobby may be is immaterial, but let it be something that you can carry with you into retirement. Of course, one dreads to write "finis" to a profession to which he has given more than a half century of his life. But the wheels grind inexorably on. We should prepare for and not resent the advent of old age. It is a privilege denied to many. Retirement too has its rewards, and I like to know that 15% of all creative work is done by men past eighty. I hope to have many useful years ahead, but when my time comes: "may I go out like the candle light—snuffed out at the break of dawn. Give me high noon and then the night—when I pass on."

In closing may I paraphrase some prose I acquired some time ago—I know not where.

May I say to you all—but especially you of the younger generation: Never before in the history of man have physicians had the opportunities that confront you today. You are the temple builders of the future; with your hands must be raised the domes and spires of a coming civilization. Upon the foundation you have laid, tomorrow shall build a far more noble edifice. But you must remember this: You cannot build these temples alone. You can only accomplish these things through the fatherhood of God and the brotherhood of man. That brotherhood is best expressed in friendship.

What nobler thing can any mortal be than a friend? What nobler compliment can man bestow than friendship? The bonds and ties of the life we know break easily, but through eternity one bond remains—the bond of fellowship—the fellowship of atoms, of star-dust in its endless flight, of suns and worlds, of gods and men. The clasped hands of comradeship of those who have come to recognize the fellowship of spirit united in a bond eternal. Who is more desolate than the friendless one? Who is more honored than one whose virtues have given him a friend? To have a friend is good, but to be a friend is better. The noblest title ever given man, the highest title bestowed by the gods, the noblest appellation, was given when the great Jove gazed down upon Prometheus and said, "Behold, a friend of man." Who serves man serves God. This is the symbol of the fellowship of our Craft, for the plan of God is upheld by the clasped hands of friends. The bonds of relationship must pass, but the friend remains. Serve God by being a friend—a friend of the soul of man, serving his needs, lighting his steps, making smooth his way.

Let the world of its own accord say of you as a physician, "Behold the friend of all." Let the world say of our profession, "This is indeed a fraternity of brothers; comrades in spirit and in truth."

This night will linger with me to the end. When, in the twilight of memory, I sit before my fireplace gazing through dimming eyes into the dying embers, the flood gates of memory will roll back and this scene will appear again and again until time for me is no more.

1136 Union St.

Mission to Asia

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Hawaii's Health Department chief reports a solid contribution to America's standing with the nations and people of east Asia.

MY FIRST knowledge of the Department of State International Educational Exchange Service came by letter in October, 1954. Specialists in different fields in the United States and its territories are selected to confer with foreign colleagues in corresponding fields and to speak before interested groups on related aspects of American life. The purpose of the program is to encourage democratic forces abroad and to correct, through the exchange of professional knowledge and through personal contacts, misconceptions about the United States which exist in other countries. The Department of State had been considering the selection of people from Hawaii to go on such missions. I had been recommended as one who could carry out an assignment of this nature and accomplish some of the objectives of this exchange program.



DR. LEE

Planning

Approval to use my vacation leave for the trip was readily obtained from the Governor of Hawaii, Samuel Wilder King. I notified the State Department of my availability following the Territorial Legislative Session in May, 1955. An itinerary and a program had to be developed by the Department of State. It was decided I should go to the countries which would benefit most from my visit. Concurrence was then obtained from the Foreign Service Posts abroad, who developed the schedules with the health and medical people of the countries to be visited, with the participation of local health officials. Subjects that I would be willing to speak on, visual aids that I would be taking with me, and other needs were conveyed to the State Department and the Foreign Service Officers in the countries that I was to visit. All this was necessary so that a well-developed schedule would be arranged prior to my departure from Hawaii. Housing, transportation, social activities, official and professional visits were all worked out and maximum utilization of my time and energy was thus planned in advance.

My comments for this paper will stress particularly the professional aspects of my trip. My experiences as a health administrator and my knowledge of international health problems in this area of the world helped me considerably. I was acquainted personally with many of the health leaders of the countries visited. Representatives of the U. S. State Department and the Ministries of Health met me at the different airports and arranged my speeches to various groups. These included medical, nursing, and dental societies and medical, dental, pharmacy, and nursing students. I also visited hospitals, medical, nursing, and dental schools, health facilities, laboratories, research institutes, leprosariums and housing projects, and made field visits to observe mass yaws control projects, plague control, filariasis studies, malaria control; quarantine stations and field training centers. I talked to Rotary clubs, teacher groups, social groups such as the International Women's Club, American Universities Club, American Malayan societies, YMCA and business clubs.

Observations on health problems of countries I visited follow.

Korea

This country of 20 million people has many serious public health and medical problems. With help from other countries, it has controlled and eliminated such problems as malaria, smallpox, and cholera. However, tuberculosis, gastrointestinal diseases, leprosy and maternal and child health needs are major problems. Most of the economy of the country is geared to war—with over 80% of the budget appropriated for military purposes. There is great shortage of trained professional workers and teachers. There are seven medical schools in South Korea, but the shortage of equipment and qualified personnel is extremely acute as a result of the Korean war. The Consul of Korea will gladly receive all books, equipment and supplies that we no longer need and he will send them to medical schools and hospitals.

Korea is getting a great deal of help through outside sources, such as the U. S. military forces,

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international agencies, church groups and the American-Korean Foundation. Training of Korean health and medical personnel, equipping of medical and nursing schools, and strengthening and organizing health administrations are immediate objectives. Clinical and teaching staffs from the United States and Scandinavian countries are helping hospital and medical school needs. The number of medical schools is more than sufficient. Needed are more qualified staff members, more equipment and the training of qualified people. South Korea has one qualified physician to every 5,000 people. Korea has thousands of licensed herb doctors. The health officials admit that their practitioners have limited training, but since the people are utilizing these "limited doctors," the government grants them licenses and supervises their activities. In Taegu, Korea, I talked to a group of doctors, dentists and herb dealers. Drugs used by the trained physicians come from the United States. Vaccines are all produced at government laboratories under the direction and supervision of men trained in the United States.

Hawaii is offering help in a small way to Korea's nurses, medical and health people who have come here to study and work in our facilities. Much more needs to be done to help this young republic meet its needs in health, hospital and medical care. The women of Korea are playing a more important role in the growth of that country. Nursing is still looked down on but this attitude is being overcome. This is true of other health specialties. The training of paramedical personnel is just beginning. With peace and unification, I believe Korea can advance itself rapidly in the furtherance of public health.

Formosa

This country is in a much better position than Korea. As in Korea, the Japanese left this country after World War II with a great vacuum of leaders, professional workers, industrial technicians, and teachers. The Nationalist Chinese with their two million escapees from mainland China provided some of the needed teaching, professional and industrial skills. Formosa has conquered smallpox, malaria, and trachoma. It has made great advances in the training of medical and nursing personnel, in the provision of hospitals and health center facilities, and in the development of a strong and well-staffed health organization. It has two good medical schools and many good nursing schools. The level of education for the eight million people is quite good. There is one physician to every 2,500 persons in this country.

Tuberculosis, gastrointestinal diseases, and leprosy are serious problems. In Formosa, as in Korea, drug addiction is a serious problem. Rehabilitation of the addict is stressed and registration is required. However, smuggling goes on and most of the narcotic supplies are coming in from Communist China, as is true in Japan, Hong Kong, Singapore, Malaya, and Indonesia. In Formosa, 80% of the economy of the country is devoted to military needs. Medical and health appropriations are necessarily limited. Formosa is geared for war. Air raid shelters are evident in the cities. It is a critical island in our defense plans for the Pacific. The eyes of Asia are watching our moves for this land of free China. It must be kept free.

The island produces all the rice it needs. It is beginning to develop new industries and is planning to undertake public housing programs. The roads are good and the train service around the island is quite satisfactory. Hotel accommodations need to be expanded if this island is ever opened up for more visitors. Formosa is agriculturally rich, self-sufficient and a beautiful island. The health and medical programs are rapidly advancing. The quantity and quality of health work is quite good. With peace and with more funds made available for health and educational needs, Formosa's present major health problems can readily be reduced.

Hong Kong

This city's health problems have been magnified by the great influx of refugees from mainland China. From a pre-World War II population of less than a million people, it has grown to 2½ million. Water shortage, overcrowding, refugee camps, and an increase in communicable diseases, such as tuberculosis and gastrointestinal diseases, accompanied the population increase. However, even with a great population increase, no serious epidemics have occurred. The government is actively extending its public housing program. The accommodations are extremely meager, yet much safer and better than the squatters' camps. Outpatient treatment programs for tuberculosis and leprosy are carried out extensively. Immunization clinics and child welfare conferences are provided at these new housing projects.

I was in Hong Kong during United Nations Week and was privileged to attend several of the public meetings and participate in one. This city is a crossroads area and many racial groups make up the community. The health officer of this British Commonwealth colony is Dr. K. C. Yeo, a British Colonial Medical Service Officer of Chinese ancestry from Malaya.

In all the countries visited, the only public library service of any size was provided by the United States Information Service. Some of the other countries have information services. These

libraries seem to be extensively used, especially by the younger people. Through films, books, magazines and talks, the peoples of Asia are being reached with materials that more adequately tell the story of the American way of life and what is going on in the world today. This agency of the State Department has an extremely important job. With its small budget, it is doing everything possible in "winning the minds" of many of the future leaders of the world.

Hong Kong has good hospitals and medical and nursing schools, but they are not adequate in size and number to meet the great increase in population and the demand for services.

In Hong Kong, drugs from all over the world are available and cheap. The market for streptomycin was glutted at the time I was there. Vaccines, sera, and drugs used in the hospitals all came from Great Britain.

Singapore

Compared to Hong Kong, this colony appears to be undergoing a great deal of unrest. The tone and language used by the press, the violence of some of the strikes and the large number of strikes going on in the city at one time seem to express this mood. Agitation and ruthless methods used in organizing the people indicate efforts to overthrow the present government. Medical and hospital facilities are not as adequate as in Hong Kong. There has not been a marked population increase, and today this seaport colony has a million people. Its housing program, under both public and private auspices, is good. The maternity hospital is being expanded, and I was informed that the number of deliveries per year was 22,000, the mothers being kept in for only 24 hours.

Tuberculosis is the leading problem, but the health officials are aggressively tackling this disease on an outpatient treatment basis through the government hospitals and clinics and a tuberculosis association diagnostic and treatment facility. A tuberculosis allowance scheme through the welfare department is the only one of the kind in Asia. With Hansen's disease, too, the officials hospitalize the active patients, but the inactive and temporary released patients are all discharged and treated on an outpatient basis. With these two programs, Singapore appears to be approaching these two difficult communicable diseases in a most practical and economical manner. The patients like this kind of program, and I believe it is getting results. Rural health centers, well constructed and well planned, provide extensive services.

In Hong Kong and Singapore, American medical school graduates cannot practice. I met refugee Chinese physicians who are hoping they can come to the States to practice their profession.

The University of Malaya is located in Singapore. The six million people in Malaya and Singapore have a university and professional training facility providing for only 1,000 students. The demand for higher education is great. Many of these people have to go to Australia, England and elsewhere for higher education. Many from Indonesia and Singapore are going to Communist China, having been recruited by Communist Chinese agents offering free transportation, free education, and promises for jobs in mainland China.

Malaya

This federation of states and two British settlements, with its capital in Kuala Lumpur, is wealthy in natural resources and not overpopulated. The people are seeking better status in Malaya's relation to the British Commonwealth. In each state, a sultan rules with his chief minister, the British advisor and a legislative body. Tuberculosis, yaws, filariasis, malaria and malnutrition are public health problems. The country is free of smallpox, cholera and plague. The ratio of physician to population in some areas and states is one to 50,000 people. Yaws is being conquered with international help. Filariasis in one area in the state of Pahang is a serious problem. Because of dietary habits and religious customs, the nutrition of infants and children is very inadequate. Protein and vitamin deficiency states are quite common, particularly among the pre-school children of Malaya living in the "kampongs" (jungle villages).

This federation is spending a large part of its budget for military and police services: a state of emergency exists in the federation and in Singapore. Armed terrorists, organized and supported by communist and pro-communist groups, are waging an extensive opposition to the present government. Killings and beatings go on daily in Malaya, particularly on the plantations and areas just outside of the cities. Jungle warfare and verbal and written propaganda are used together to fight these organized groups.

In the cities, medical and hospital care is available through governmental services. Private practice is limited to the cities. The rubber, tin, and timber plantations employ medical personnel, but for other areas, the scarcity of doctors results in a heavy load on the existing doctors and facilities available. The Institute of Medical Research, supported by government monies, is an outstanding research facility. It has produced important results in the conquest of disease not only for Malaya but for Southeast Asia. It has a good library and provides training for laboratory workers. An American research team has been using this facility for many years.

Malaya is worth visiting. Penang is a beautiful

island and resort area. If peace ever comes to this country and the government can get organized to promote services for the people, Malaya's rich resources can be utilized for the advancement of health and education. The government is endeavoring to develop more training facilities. It is just beginning and must speed the pace to keep up with the demands of the people.

Malaya is establishing villages for the rehabilitation of its discharged Hansen's disease patients. Land is provided for those who can farm. For those who can fish, a fishing village is being planned. Hansen's disease is a problem; but the government, particularly through the settlement at Sungei Buloh, is doing a good job with this chronic disease.

Indonesia

This young republic, only five years old, has a population of 82 million in an area as large as the United States but made up of large and small islands. There is a great lack of health services and personnel in this country. Malnutrition of the kwashiorkor type, in pre-school children, is common in Java. There are great shortages in medical and hospital facilities and services. Some areas have one doctor to several hundred thousand people. The average for the country as a whole is one to 70,000. Shortages of paramedical personnel are just as great. Educational facilities at all levels are insufficient.

Malaria is the leading cause of death in this republic. Tuberculosis comes next. About 4½ million injections of penicillin a year are given for yaws. Millions are treated for trachoma. I saw 15 cases of bubonic plague in one small hospital unit managed by one nurse. Plague is endemic in this area, and in 1950 over 4,000 cases occurred during an epidemic. Hansen's disease, venereal disease, and gastrointestinal diseases are serious problems, too. In Indonesia, I suppose every public health problem exists except yellow fever and cholera.

The language of this country has been changed from Dutch to Indonesian. English is a second language. There are three medical schools, but only 70 physicians are graduated each year at the present time. The country welcomes more doctors. It is developing and expanding its training facilities and, as in Korea and Formosa, exchange professors from medical schools in the states are helping out with professional training. We are spending a great deal of money and giving a lot of effort to this republic through various channels. The Ford and Asian Foundations are assisting extensively in the educational movement.

This country's government has recognized Communist China. In the recent election, the Communist Party showed some strength, but for the present not enough to influence the future of the government unduly. We must help this country, and they want our help. We must turn these 82 million people to the side of the democratic forces and in doing so we will help the countries of Southeast Asia to remain free. Education and health are great needs. The leaders are very nationalistic and independent. They need lots of help, but they want to build their country in their own way and in their own time. They are afraid of too much outside influence and pressure.

Conclusion

My objective in this cultural exchange mission was twofold: (1) Professional—to exchange ideas with my counterparts in the health field. (2) Promotional—to show by films, by talks, and by my actions the results of the democratic way of life.

I took with me slides and films made in Hawaii. They told a story of Hawaii's people, the racial amalgamation, the progress in our government, the results of our free enterprise system in health, education, industry and government. I showed them to more than ten thousand people.

I made thousands of personal contacts with health workers and government officials. These people will remember that Hawaii's advances in health were the achievements of a democratic form of government in a population largely Asiatic and Polynesian. In a small way, through this kind of mission, I helped to chip away the prejudices against us, correct misunderstandings, create friendships, and plant seeds of goodwill.

I learned a great deal more of the health, medical, and hospital problems in the countries visited and the progress that is being made. These exchange problems flow both ways—we learn as much as we give. It was a real privilege and opportunity for me to participate in a program such as this for our government. In addition, this mission to Asia was an enjoyable and interesting experience.

Air Embolism Fatalities in Criminal Abortions

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Insufflation of the gravid uterus with expired air or "Octozone" may produce fatal air embolism, as well as the criminal abortion which was its primary purpose.

THE RECENT occurrence of four fatal cases of pulmonary air embolism due to attempting criminal abortion by means of injecting either air or a soapy solution into the pregnant uterus suggests that there has recently been aroused a new interest in an old technique among the laity of the Territory. Martland[1] stated that "criminal abortions are the most frequent cause of fatal air embolism. It usually occurs in dirty abortions, often performed by midwives using the old Hungarian syringe method of injecting soap-suds and air directly into the uterine cavity." My experience with the Health Department of the City and County of Honolulu is in conformity with Martland's statement. A review of all deaths which have come to the attention of the Coroner's Physician since January 1, 1945, shows that there were four pulmonary air embolism deaths due to attempted criminal abortion, two as the sequelae of antral irrigations, and one as the result of a stab wound involving the brachial veins; there were other cases of pulmonary air embolism wherein such a finding was incidental to the primary cause of death (massive sudden decerebration, massive laceration of cervical blood vessels, et cetera). It is also of passing interest to note that there has been but one other death due to a criminal abortion in the entire series of cases since January 1, 1945, and that one was a case of sepsis.



DR. MAJOSKA

That fatal pulmonary air embolism is not an uncommon occurrence in situations dealing with the gravid uterus and with manipulative procedures on the female genital tract has been adequately demonstrated by reports in the medical literature; however, although numerous reports state that fatal pulmonary air embolism is a "frequent" sequel to criminal abortion attempts, specific documented instances are almost impossible to locate in the English literature. Prag[2] reported two such cases in 1951, wherein soapy water was injected into the gravid uterus, and Deadman[3] reported four such cases, in which three definitely had evidences of the use of a syringe and soapy solutions. In Deadman's fourth case no evidence of solutions or syringe could be found.

It seems to be a matter of opinion or personal experience as to whether this complication of criminal abortion is rare or common. Cody and Windrow[4] in 1951 reported that "Fatal air embolism following attempts at abortion, in which trapped air is forced into the uterus along with various other materials, is not rare; there are many reported instances." Gonzales, Vance, Helpern and Umberger[5] considered fatal air embolism as a "rare" complication of abortion in their text on legal medicine published in 1954.

Air embolism may cause death by either of two general mechanisms. The first of these is arterial or systemic air embolism, wherein air enters the pulmonary vein and is distributed to the rest of the body, particularly to the brain, by way of the aorta and its branches. This type of air embolism usually follows trauma or some manipulative thoracic procedure, such as artificial pneumothorax. Another mechanism for this type of air embolism is that wherein a septal defect of the heart permits air to be shunted from the right side of the heart to the left. Death from this type of air embolism is usually not as dramatic as in pulmonary air embolism and is usually due to multiple emboli producing occlusion of cerebral blood vessels.

The second general mechanism of death is pulmonary or venous air embolism, wherein there is a blockage of the pulmonary artery by an air trap.[6] The source of this air is a defect in the continuity of a systemic vein or veins, which permits air to enter the right side of the heart. The mechanism of this blockage and effect of this

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[1] Martland, H. S.: Air Embolism, Am. J. Surg. 68:281 (June) 1945.

[2] Prag, J. J.: Sudden Death Due to Air Embolism, So. Afr. Med. J. 25:566 (Aug. 11) 1951.

[3] Deadman, W. J.: Fatal Air Embolism—Case Reports, Can. M.A.J. 37:157 (Aug.) 1937.

[4] Cody, M. L., and Windrow, P. D.: Fatal Air Embolism in Pregnancy, J.A.M.A. 147:1760 (Dec. 29) 1951.

[5] Gonzales, T. A.; Vance, M.; Helpern, M., and Martland H. S.: Legal Medicine and Toxicology, D. Appleton-Century Company, 1940.

[6] Moritz, A. R.: Pathology of Trauma, Lea & Febiger, 1954.

trapped air has been investigated. Confusing hypotheses have been made to explain the mechanism of death, such as explaining that this air trap is produced because of "non-compressible frothy fluid in the right side of the heart."[7] Extensive experimental work by Cameron, De, and Sheikh[8] cleared the confused situation when they demonstrated quite clearly that death was not due to the presence of foam in the cavities of the right side of the heart, nor to an impedance of the coronary blood flow due to a) vagal stimulation in the lungs, b) the presence of air bubbles in the coronary veins or c) reduced aortic pressure with increased right heart pressure (producing interference with venous drainage from the myocardium). They concluded that "little doubt exists in the minds of most workers that a mechanical block between the right heart and the pulmonary outflow determines the course of air embolism."

In the literature may be found vague references to a possible life-saving measure in cases of pulmonary air embolism, consisting of placing the patient in the left lateral position;[9] however, no record of a successful case of such a procedure in the human could be found, and the hypothesis is probably based upon the experimental work of Durant, Long and Oppenheimer,[11] who found that in a dog with an experimentally induced pulmonary air embolism recovery promptly followed placing the dog in the left lateral position.

Report of Cases

CASE 1.—C. K., an eighteen year old, single, Hawaiian-Chinese girl, died May 1, 1952. Two children had been born out of wedlock. One week prior to death, she attempted to induce abortion by drinking vinegar. A witness reported that approximately four days prior to death, the deceased had stated that one of her sisters was going to insert a catheter into her uterus and then blow into it, thereby bringing about an abortion. The deceased was seen in a bedroom by a sister, and shortly thereafter, when seen again by the sister, she was gasping, her eyes were rolling, and she was shaking her head from side to side. Although spoken to, the deceased could not respond and was pronounced dead upon the arrival of a physician. When found by the physician, the deceased was lying on outspread sheets of newspaper upon which was found a catheter described as approximately sixteen inches in length and one-eighth of an inch in diameter. There was also a wash pan half filled with water which smelt strongly of a disinfectant and contained a bar of soap. Found close by was a pint bottle half filled with "MK" pine oil disinfectant. The principal findings at the post-mortem examination consisted of a slight hydroperitoneum (50 cc.), massive air embolism of the right heart and pulmonary arteries, and a uterine pregnancy of approximately two months' gestation. The veins of the uterus, broad ligament and the inferior vena cava were filled with a very large accumulation of air.

CASE 2.—S. H. K., a seventeen year old, single, Hawaiian-Japanese girl, died July 18, 1953. She had had no previous pregnancies. In this case there was no positive history of known pregnancy at the time of the original investigation; however, after the performance of the autopsy, it was learned that at least two individuals were aware of the pregnancy. One of these was on the mainland and had knowledge of a prior attempt at abortion by the taking of some unidentified type of tablet. The other individual was located in Honolulu but was not in the vicinity at the time of death. In this case, the deceased and her boyfriend were together for several hours prior to her death. The boyfriend reported that the deceased made three visits to an adjoining bathroom in a short space of time and he remarked that this was unusual for the deceased. After the third visit to the bathroom, the deceased came into the bedroom and began to have stertorous breathing and then fell backward onto the bed. Almost immediately thereafter her face became cyanotic and thereupon a physician was summoned. She was found dead on arrival of the physician. Intensive searching of the premises subsequent to her death failed to reveal any evidence of syringe or catheter. The essential post-mortem findings in this case consisted of a pregnancy of approximately two and a half months' gestation, and a large air embolism of the right heart and pulmonary arteries. The veins of the uterus, broad ligament and the inferior vena cava were filled with a very large accumulation of air.

CASE 3.—K. K., a twenty year old single Hawaiian, died November 17, 1954. She had had one living child. The deceased was alone in a bathroom for approximately thirty minutes. She suddenly called twice to her brother, who was in an adjoining bedroom, then opened the bathroom door and collapsed. She was dead upon arrival of a physician. Examination of the premises revealed the presence of a rubber-bulb syringe with an attached hard rubber syringe nozzle. There was also a small pan containing what proved to be a dilute solution of Clorox (sodium hypochlorite solution). The autopsy findings in this case revealed a pregnancy of approximately six months' gestation and a large air embolism of the right heart and pulmonary arteries. The veins of the pelvis and the inferior vena cava contained a large accumulation of air.

CASE 4.—E. D., a twenty-nine year old, married, Caucasian-Hawaiian woman, died August 28, 1955. She had had five living children. The deceased was aware of an early pregnancy, which would have interfered with her ability to accept a desired employment. Her husband subsequently reported that she discussed attempting an abortion and asked him to assist her in the performance. He refused and she stated that she would produce the abortion herself by inserting a tube into her uterus and then blowing air into it. On the evening of the act, the deceased requested her husband to assist her by getting her a towel and a mirror. He did so and left his wife alone in bed. Later he returned to the bedroom to find the deceased coughing and holding her chest and complaining of feeling faint. She then collapsed and began to have stertorous breathing. She would not respond to his call. He carried her to his car and drove her to a dispensary, where she was found dead on arrival. Found at the time was a bivalve vaginal speculum in the vagina

[7] Gradwohl, R. B. H.: Legal Medicine, C. V. Mosby Company, 1954.

[8] Cameron, G. R.; De, S. N., and Sheikh, A. H.: Cardiovascular Responses to Air Embolism, J. Path. & Bact. 63:181 (Apr.) 1951.

[9] Cohen, A. C.; Glinsky, G. C.; Martin, G. E., and Fetterhoff, K. I: Air Embolism, Ann. Int. Med. 35:779 (Oct.) 1951. Wakefield.[10]

[10] Wakefield, E. G.: Clinical Diagnosis, Appleton-Century-Crofts, Inc., 1955.

[11] Durant, T. M.; Long, J., and Oppenheimer, M. J.: Pulmonary (Venous) Air Embolism, Am. Heart J. 33:269 (Mar.) 1947.

and a catheter inserted into the cervical canal. The post-mortem examination revealed a massive air embolism of the right heart and pulmonary arteries and a uterine pregnancy of approximately nine weeks.

Discussion

For obvious reasons, the histories in the above cases may be grossly inaccurate because of the circumstances surrounding the interrogation of witnesses. However, it appears quite clear that in all of them, death was due to a massive pulmonary air embolism produced during the attempted performance of criminal abortion. In two of the cases (1 and 4), there is a definite history of such an attempt and in the other two cases the history is implied.

Air embolism has long been recognized as a cause of sudden death. The fatal quantity of air is still an unknown quantity, and it is believed that the rate of injection is an important factor in the causation of death. "In nearly all the recorded fatalities from air embolism, it seems that considerably more than 100 cc. of air was introduced in a short period of time.[12] However, fatal air embolism has been reported in a case wherein it was presumed that as little as 40 cc. of air was injected into the gravid uterus.[13]

The symptoms of massive pulmonary air embolism are described as of sudden onset, with rapid disappearance of the pulse. The respirations are deep, with air hunger, restlessness, chest discomfort and frequently lashing about of the arms. There is pallor if the embolism is fatal within one or two minutes, and cyanosis if death is delayed.[14]

In consideration of deaths due to fatal air embolism in attempted criminal abortion, it is apropos to note that fatal pulmonary air embolism has occurred following tubal insufflation in cases of sterility;[15] in cases of insufflation of the vagina with medicinal powders in virginal females;[16] in a case of medicinal powder insufflation into the vagina of a pregnant woman immediately prior to the expected delivery date;[17] and in a case of a pregnant woman who apparently did not know she was pregnant and used a routine vaginal douche.[18]

[12] Dible, J. H.; Hewer, T. F.; Ross, A. O. F., and Walsh, C. H.: Air Embolism in Urethroscopy and Tubal Insufflation, Lancet 1:313 (Feb. 5) 1938.

[13] Gonzales, T. A.; Vance, M.; Helpern, M., and Umberger, C. H.: Legal Medicine Pathology and Toxicology, Appleton-Century-Crofts, Inc., 1954.

[14] Osborn, G. P., and Dawson, J. C. C.: Air Embolism, Lancet 2:770 (Oct. 1) 1938.

[15] Finn, W. F.: Air Embolism in Obstetrics and Gynecology, Am. J. Surg. 68:100 (Apr.) 1945.

[16] Martland, H. S.: Air Embolism, Am. J. Surg. 68:164 (May) 1945.

[17] Partridge, A. J.: The Third Case of Fatal Air Embolism Reported After Vaginal Insufflation, Brit. Med. J. 2:329 (Sept. 11) 1943.

[18] Forbes, G.: Air Embolism as a Complication of Vaginal Douching in Pregnancy, Brit. Med. J. 2:529 (Oct. 21) 1944.

Summary and Conclusions

1. Four cases of fatal pulmonary air embolism in attempted criminal abortion by insufflation of the gravid uterus by air or a soapy solution have been presented.

2. Related possible causes of pulmonary air embolism have been briefly mentioned.

3. There is apparently an awareness of the laity in the Territory of a technique to produce a criminal abortion by means of insufflating the gravid uterus with air or a soapy solution. The success of such a technique is obviously impossible to evaluate. The inadvisability of employing such a technique speaks for itself.

Addendum

Since the acceptance date of this paper, a fifth case, similar to the four previously enumerated, has presented itself. Since this case is the most recent and presents several interesting sidelights, it will be presented in more detail.

CASE 5.—J. W., a thirty-two year old married Caucasian female died November 19, 1955, shortly after a "treatment" in a naturopath's office. She was admitted to The Queen's Hospital in a moribund state and expired shortly after admission. Post-mortem examination revealed the typical findings of pulmonary gas embolism. The uterus was gravid with a pregnancy of approximately four months' gestation. There was a separation of the posteriorly-attached placenta near the internal os of the cervix for a width of approximately one centimeter. Seen within this lacerated area was a clearly demonstrable opening into a venous sinusoid. This was obviously the point of entry of the gas.

Investigation revealed that the deceased (who resided on another island) arrived in Honolulu several days prior to her death. On the day previous to her death, she had seen a physician, who had informed her that she was approximately four months pregnant. She then consulted a naturopath, who subsequently reported that the woman had given a history of a "fibroid tumor" which had been diagnosed by three doctors on another island. He stated that he examined her, confirmed the diagnosis, and then proceeded with an "Octozone" treatment, which consisted of the passage of oxygen through an "Octozone" machine (thereby converting it into ozone) and then passing the "ozone" into the uterus by means of a woven catheter which had been inserted into the uterus with its suspected fibroid!

Octozone therapy, for the uninformed, is said to be probably the greatest boon to mankind for any of its bodily ills. According to the manual which accompanies the machine, Octozone therapy is efficacious in the treatment of dermatitis, dermatosis, weakness, boils, hemorrhoids, disorders of menstruation, tumors, anemia, alopecia, hirsutism, sore throat, arthritis, tonsillitis, hypertension and numerous other pathological conditions. All of these conditions are treated by either spraying on, or injecting into, the body this marvelous "ozone"!

Alexander Young Bldg.

Tracheal Lavage
In Diagnosis of Pulmonary Tuberculosis

PETER KIM, M.D.,* Kealia

Tracheal lavage is as sensitive a method of looking for tubercle bacilli as gastric lavage, and easier to do. Patients don't mind it.

THE DETERMINATION of the dynamic status of a pulmonary lesion in a suspected or diagnosed asymptomatic case of pulmonary tuberculosis is important from a therapeutic and economic viewpoint. It is axiomatic that the earlier the diagnosis of an active disease and institution of proper treatment, the greater is the probability of shortening the length of disability.



DR. KIM

Hawaii has achieved an enviable record in tuberculosis control as compared with other communities.[1] Tuberculosis in Hawaii is being discovered in earlier stages due to our excellent case-finding programs. It is now considered unusual to find a patient in the far advanced stage with sputum heavily loaded with tubercle bacilli. The more usual case is a patient with scant or absent sputum, minimum of symptoms, and the tubercle bacilli demonstrated usually by doing serial culture tests.

The detection of pulmonary lesion in an early stage of development with minimum of symptoms and sputum has made the demonstration of the tubercle bacilli more difficult. Patients are reluctant to take series of gastric tests because of the discomfort, the time involved, and their sense of well-being. Our experience of obtaining a satisfactory sputum sample has been disappointing. The laryngeal swab method was unsatisfactory. A program of scheduling a series of gastric tests in order to adequately ascertain with some degree of accuracy the status of the lesion has had its limitations.

In order to explore other methods which could be adapted to our routine procedures, I began experimenting with the use of the tracheal lavage method in conjunction with our two gastric lavage routines in July, 1951. Several investigators[2] had already pointed out that the tracheal lavage was as sensitive as the gastric test. The procedure was varied by eliminating the topical anesthetic agent and having our Chief Nurse† doing most of the tests. After two years of observation and after performing 260 tracheal lavage tests in conjunction with 520 gastrics, an impression was gained that the tracheal lavage method offered a simpler and just as reliable a test of demonstrating the tubercle bacilli as the gastric lavage test. During this period there were 17, or 6.5 per cent, positive by tracheal cultures compared to 30, or 5.7 per cent, positive by gastric cultures.

In order to test the validity of this observation, a study was conducted between July, 1953, and July, 1954, to compare (1) the sensitiveness of our routine two gastric lavage procedures with the combined gastric and tracheal procedure and (2) the sensitiveness of the tracheal lavage test with the gastric test.

The purpose of this paper is to describe this study and my personal observation with this technique.

Method and Material

Patients included in this study were from our outpatient department and chest clinics. Patients were either suspected or diagnosed asymptomatic cases being observed on an ambulatory basis. Each patient was scheduled to take one of the following two series of tests: (1) two gastric lavage tests done on two consecutive days followed a month later by a gastric and a tracheal test performed on the same day, or (2) a gastric and a tracheal test followed by the two gastric tests. (Hereafter a "series" will refer to the two gastrics and gastric and tracheal tests done on the same patient. The two gastric tests will be referred to hereafter as

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† Mrs. Miyoko Masunaga, R.N.

[1] Walker, H. H.: Tuberculosis in Hawaii, Am. Rev. Tuberc. 68:839 (Dec.) 1953.

[2] Deakins, D. D., and Barber, L. M.: A Comparison of Tracheal and Gastric Lavage in the Culturing of M. Tuberculosis, Am. Rev. Tuberc. 68:926 (Dec.) 1953. Wardrip *et al.*[3] Bueno.[4]

[3] Wardrip, B. H.; Scarborough, C. G., and Roberts, E. G.: The Combined Use of Tracheal Lavage and Culture as a Diagnostic Procedure in Pulmonary Tuberculosis, Am. Rev. Tuberc. 60:634 (Nov.) 1949.

[4] Bueno, M. M.: Diagnostic Bronchial Lavage in Tuberculosis, Dis. of Chest 16:420 (Oct.) 1949.

GG and the gastric and tracheal tests as GT.) Patients were then randomly allocated to take either of these two series of tests. Thus, the two different procedures to be compared for sensitiveness were scheduled for each patient but the order taken was reversed in alternate patients. This random allocation of the two series of tests to alternate patients theoretically equalized the factor of time trend of the progressive disease in which the tests were to be done.

The technique of tracheal lavage is simple. The patient is given an explanation of the procedure and the objective desired. He is instructed to sit on a stool, to pull his tongue as far forward as possible, holding it with a gauze square, and to breathe deeply in and out. On deep inspiration 5 cc of sterile water is "blindly" injected into the tracheo-laryngeal area. If a satisfactory cough is not elicited, the procedure is repeated. Immediately after injection of water, the patient coughs into the wide mouth cup (ordinary 16 ounce Dixie cup used for food containers) which is held close to the mouth. No topical anesthetic agent is used.

The equipment used is: a 5 or 10 cc Luer syringe, a curved laryngeal cannula and a small glass to hold the sterile water (Fig. 1). The operator wears a surgical gown, mask, rubber gloves and a plastic face shield.

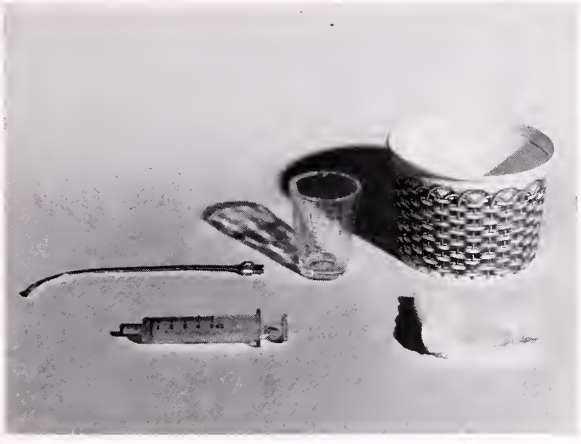


FIG. 1—Equipment used for tracheal lavage. The ordinary 16 ounce Dixie cup is also shown.

Every specimen obtained was cultured. The cultural technique for tubercle bacilli can be found in any standard laboratory textbook. Briefly, specimens were concentrated. Sodium hydroxide and oxalic acid reagents were used. The specimens were inoculated into Petragnani's medium and the cultures were read in seven weeks.

Results

There were 216 series scheduled, with 9 discarded as they were not randomly allocated. Of the remaining 207 series, 95 series were complete, 67 were incomplete and the remaining 45 series had no tests done.

TABLE 1.—*Results and analysis of the completed series.*

Total No. of series	95
Total No. of patients	83
Series positive by any test	19
Positive by 1st or 2nd gastric or both (GG)	14
Positive by gastric or tracheal or both (GT)	14
Only 1st gastric in GG positive	2
Only 2nd gastric in GG positive	3
Only gastric in GT positive	2
Only tracheal in GT positive	2
Positive by 2 gastrics (GG) only	5
Positive by gastric-tracheal (GT) only	5
Total No. of gastrics done	285
Total No. of gastrics positive	29
Total No. of tracheals done	95
Total No. of tracheals positive	11

Analysis of the 95 completed series is shown in Table 1. Eighty-three patients participated in this group. There were equal numbers of positives reported by the two gastric (GG) method and by the gastric-tracheal (GT) method. Each method also reported an equal number of positives which were reported negative by the other method. There were 76 series negative by any method, 19 series positive by any method, 9 series positive by both methods, 5 series positive by GG method only, and 5 series positive by GT method only. Therefore, each method identified 73.6 per cent of the total positive cultures ($9 + 5 = 14 + 19$). There were 285 gastric tests done with 29, or 10.2 per cent, positive results as compared to 95 tracheals done with 11, or 11.6 per cent, positive results.

TABLE 2.—*Results and analysis of the incompleted series.*

Total No. of series	67
Total No. of patients	55
Total No. of GG done	29
Total No. of GG positive	6
Total No. of GT done	38
Total No. of individual tests done and No. positive:	
1st gastric in GG	37
No. positive	7
2nd gastric in GG	31
No. positive	4
Gastrics in GT	39
No. positive	3
Tracheals in GT	38
No. positive	5
Total No. of gastrics done	107
Total No. of gastrics positive	14

Analysis of the 67 incomplete series is shown in Table 2. There were 55 patients in this group. There were more TG tests done, as it could be done on the same day. There were fewer positives by the GT method compared to GG method. Statistically, the difference was not significant. However, there were 13.1 per cent tracheal positives out of the total number of tracheals done as com-

pared to 13.0 per cent positives out of the total gastrics done.

The summary of this study as indicated in Table 3 shows a total of 207 randomized series with 168 patients participating. Of these, 95 series were complete and 67 incomplete. In considering the entire study, out of the total number of GG and GT tests done there were 16.1 per cent positive by the two gastric (GG) method and 14.3 per cent positive by the gastric-tracheal (GT) method. In comparing individual tests by the percentage of positives obtained, gastric method resulted in 10.5 per cent positive cultures and tracheal 11.4 per cent positive cultures.

TABLE 3.—*Summary of the study.*

Total No. of series randomly allocated	207
Total No. of patients in study	168
Total No. of series completed	95
Total No. of series incomplete	67
Total No. of series with no response	45
Total No. of GG done	124
Total No. of positives by GG method	20
Total No. of GT done	133
Total No. of positives by GT method	19
Total No. of gastrics done	410
Total No. of gastrics positive	43
Total No. of tracheals done	140
Total No. of tracheals positive	16

The data were subjected to statistical analysis to determine if the observed differences noted in the positive results of the two gastric versus the gastric-tracheal method and the gastric versus the tracheal method were statistically significant. In the completed series there were no differences between the two-gastric and gastric-tracheal method. The standard error of the observed difference for the gastric and tracheal tests was $\pm$ 4 per cent. In considering the entire study, the standard error of the observed difference for the two-gastric versus the gastric-tracheal method was $\pm$ 4.9 per cent and for the gastric versus the tracheal method $\pm$ 3.3 per cent. The calculation for the standard error of the difference in percentage is based the formula $\sigma = \pm \sqrt{\frac{p \times q}{n_1} + \frac{p \times q}{n_2}}$, where p is the percentage of positive tests, q the percentage of negative tests, and n_1 and n_2 the numbers of tests in the respective samples.[5]

Comment

It appears from the data that doing a gastric and a tracheal on the same day is as reliable and sensitive a procedure as the standard two gastric tests taking two consecutive days. They also demonstrate that the tracheal lavage test in our hands is as sensitive as the gastric lavage test in demonstrating the tubercle bacilli. Statistically, there were no significant differences noted in results obtained by various methods.

There are usually two major objections cited in using the tracheal lavage method. One is the obvious risk of infection to the operator. This can be minimized by proper apparel and proper instruction to the patient. Attempts to culture any tubercle bacilli by petri dishes around the patients and operator have been unsuccessful. I might add that even in the gastric lavage procedure, patients will frequently gag, cough and expectorate sputum.

The other objection to be considered is the use of a topical anesthetic agent with attendant risk of unfavorable reaction. No topical anesthetic agent was used and therefore the presence of a physician was not necessary. I have not seen any unfavorable reaction from the technique used as described in this paper.

There are many advantages to be noted using this technique:

1. It is a relatively simple test to do and anyone can be taught to do it.
2. It can be done at any time and at the convenience of our personnel. However, ours were done within an hour of the gastric lavage test.
3. The specimen contains less foreign material, such as food particles and tobacco.
4. Casual observation gives the impression that it results in less contamination of cultures, especially by spore forming bacteria and monilia. Fewer atypical acid fast bacilli are cultured by this method.
5. The equipment used is much easier to clean and sterilize. It eliminates the tedious and hazardous cleaning of gastric tubes.
6. The combined gastric and tracheal lavage procedure requires only one entry in records and only one written report to the source of request, which reduces the clerical time.
7. There is less confusion over appointments with the one-day gastric-tracheal procedure.
8. From the patients' and Public Health Nurses' point of view, the one-day procedure is preferable.
9. From our laboratory's standpoint, it relieves the technician for other work, as any person can be taught to do this simple procedure.
10. Overwhelming number of patients prefer the tracheal lavage to the gastric. As a matter of fact, those who have refused gastric lavage have consented to have a tracheal done.
11. There were no complications noted using the tracheal method in the group studied as most were suspected or previously diagnosed asymptomatic cases.

Tracheal lavage may be the only way to demonstrate the tubercle bacilli. In my experience, more patients have shown positive results by the tracheal method than by the gastric when a series of gastric-tracheal tests have been done on the same patient. To illustrate an exceptional case, a 31 year old Hawaiian woman (Case No. 2589) was admitted August 11, 1954, with a history of hemoptysis. Her chest x-ray revealed a productive type of lesion in the left supraclavicular area. No cavity

could be seen by tomograms. Five gastrics and five tracheals were done from August 13 to 18. All five gastrics were negative, whereas all five tracheals were positive. Two sputum concentrate smears and three sputum cultures were also all negative. Since the initial positive cultures by the tracheal method, she has had no positive by any method. At the present time she is receiving chemotherapy on ambulatory basis.

As an interesting observation in the use of tracheal lavage in other pulmonary diseases, I believe that it offers a promising supplementary method of obtaining a sputum specimen for cytological examinations. This method of obtaining specimen in suspected pulmonary malignancies should be explored.

The possibility of an air-borne infection to the operator has to be always kept in mind. In symptomatic, far advanced, cavitary cases this procedure would not be advised. Simple sputum concentration methods would probably suffice. It is only in doubtful cases, with scant or absent sputum, that this procedure would have its greatest value.

Conclusion and Summary

The initial experience with the tracheal lavage method impressed the writer as being a relatively simple and reliable diagnostic procedure as compared to the standard gastric lavage test. A study was therefore conducted to test the validity of the observation that the tracheal method was just as sensitive as the gastric method. From the randomized experiment conducted, the results demonstrate that the one-day gastric-tracheal lavage procedure was as sensitive a method of detecting tubercle bacilli as the two-day gastric routine.

Furthermore, it appears that the tracheal lavage test is as sensitive as the gastric lavage test. The data when subjected to the statistical analysis show that there are no significant differences in the results obtained.

The conclusion that the combined gastric-tracheal lavage method is as sensitive as the two-gastric procedure and that the tracheal lavage test is as sensitive as the gastric test appears statistically valid.

Samuel Mahelona Hospital.

Is Mental Illness Inherited?*

SIDNEY L. HALPERIN, Ph.D.,† Honolulu

The idea that mental illness is inherited is pessimistic, ill-founded, and unworthy of modern man. What we really inherit is human energy potential; how we utilize this is largely a product of our environment.

MOST EDUCATIONAL and medical centers teach that people are genetically predisposed to emotional breakdown. This is indeed a pessimistic approach to the biology and psychology of human behavior. If one feels that man's destructive potentials and the unsettled state of the world promise a gloomy outlook for the future, one might be inclined to accept this fatalistic approach to mental breakdown, without critical appraisal of the evidence. If I were living on the mainland, I, too, perhaps, might have shared in this general view. The beauty of the Islands and the friendliness of our people encourages a more optimistic approach to man's efforts to adjust to his complex world, and instills a more sympathetic and patient approach to human frailties. Fortified by this and isolated from accepted authority by an ocean, I would challenge the viewpoint that people inherit predisposition to schizophrenia and the affective psychoses.



DR. HALPERIN

This matter is of considerable importance to science because mental breakdown is our major public health problem today and scientists are being called upon to assist in discovering causes of man's suffering nature. You are doubtless aware that slightly over half of all of our nation's hospital beds are filled with mental patients, and the loss in day to day efficiency and effect on military manpower resources is incalculable. To accept genetic determinism in mental illness is to imply a fatalistic approach to the management and treatment of all personality problems.

Some of this fatalism probably accounts for the belief, still commonly held, that an inadequate hereditary constitution is "tainted," "poor," or "weak," and that this "tainting" and "neuropathic diathesis" may be manifested in a family with relatives with such diverse psychopathy as psychosis, neurosis, alcoholism, mental defect, pauperism, and, I dare say, bad manners. This impression is more widespread than one might suspect, despite the knowledge from the rapidly developing field of human medical genetics that has unmistakably shown that mental defect, schizophrenia, the affective psychoses, and epilepsy, should be treated as separate problems etiologically.

The implication (for eugenics) of genetic determinism in emotional breakdown has been expressed in unmistakable terms by Dr. Abraham Myerson, a psychiatrist of prominence, who has written[1] as follows: "The newer therapeutic procedures . . . have brought about this state of affairs—*that more of the mentally sick have remissions and thus an increased community life and consequently, a greater possibility of marriage and reproduction than ever before* (the italics are Dr. Myerson's) . . . the net result is not good for mankind . . . medicine thus has become increasingly open to the reproach that it keeps alive the unfit and permits their propagation." Dr. Myerson's evidence is rather unusual considering our advances in medical genetics at the time these statements were made. He says: ". . . the most that can be said is that it seems likely that there is a heredity to these diseases, first, on the basis of what is observed, and, secondly, on the important general basis that there is a heredity to everything else." I believe that Dr. Myerson's viewpoint is rather generally accepted today in many conservative circles. It is almost certainly out of date.

Another type of evidence which has been presented is far more sophisticated and genetically more sound, even though we may disagree with the conclusions. I refer to the work of Dr. Franz J. Kallmann, who is responsible for a good deal of present-day opinion about the inheritance of mental illness. On the basis of his work with pedigrees containing affected individuals, he has concluded as follows:[2] ". . . the balance of evi-

* Based upon a paper presented to the Hawaiian Academy of Science, April 22, 1955.

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[1] Myerson, A.: Family Mental Disease in Private Practice, Am. J. Psychiat. 103:323 (Nov.) 1946.

[2] Kallmann, F. J.: Paper presented at the International Congress of Psychiatry, September, 1950.

dence concerning the mode of inheritance operating in the two major types of psychoses points to recessiveness with respect to the main genotype of schizophrenia, and to irregular dominance with respect to that of manic-depressive psychosis." This is indeed a bold conclusion, based as it is upon so many unknown variables. A rather tempered criticism of Dr. Kallmann's conclusions regarding schizophrenia has been offered by Professor Pastore, who writes as follows[3] "After consideration of the various questions which can be raised with regard to Kallmann's methodology—his diagnostic procedure, statistical treatment of data, sampling procedure, uncontrolled variables —the present writer is of the opinion that the genetics of schizophrenia is still an open question. The Kallmann investigation . . . supplies no reliable information for assessing the genetic basis of schizophrenia."

Twin methodology has also been used in attacking this problem. Here the research stands on firmer ground, although it would be naive to believe that twin research is without its pitfalls. No one would argue the fact that identical twins are similar in physical characteristics owing to heredity. But nature-nurture relationships in such traits as intelligence and susceptibility to emotional breakdown are far too complex to be decided by twin methodology alone. One reason is that subtle, elusive, even intangible, and at times unmeasurable cultural and social influences are so often involved. Another likely source of bias in twin research may be that parents are inclined to treat identical twins as one individual and to induce, during the sensitive formative years of growth, similarities in intellectual and emotional reactions which might not have been there if they had been reared apart. In cases where identical twins have been separated soon after birth and reared in different environments, considerable differences in their personalities have been noted; differences in intellectual traits have been less noticeable; and hardly any differences have been found in physical traits.

Aside from the criticism of methodology, a serious shortcoming in the research into the biology of emotional breakdown is a failure to recognize two rather obvious observations about aspects of emotional growth which are essentially environmentally determined. The first is that a growing child, under the unfavorable influences of living with an emotionally unstable parent, is likely to be conditioned along abnormal patterns of behavior and is subject to constant emotional traumas. The other observation, quite familiar to clinical psychiatry, is that the severity of a person's discomfort is almost invariably related directly to the degree of impact of environmental stress.

Nor would our present-day knowledge of the action of the gene permit an uncritical acceptance of the view that a single recessive gene would so predispose overall human behavior as to cause schizophrenia or manic-depressive psychosis. We know that where a single gene substitution is involved, we are doubtless dealing with a rare condition and the effect of the gene is so marked as to be incompatible with any degree of adjustment. An example from recent research in the genetics of mental traits is available to us.

In 1934, the Norwegian biochemist Fölling discovered that one to two per cent of idiots and imbeciles excrete phenylpyruvic acid in the urine. This abnormal metabolite is a product of the incomplete oxidation of the protein constituent phenylalanine and is invariably associated with severe injury to the central nervous system resulting in mental defect. Since then, a number of genetic studies have conclusively shown that this anomaly is due to the action of a recessive gene. The parents are carriers and one-fourth of the offspring are so affected. Body metabolism is so sensitive a biochemical process that one small slip in a complex chain of biochemical activity is enough to cause severe damage to the central nervous system. In cases of mental defect such as phenylketonuria, the mental phenomena are side products, so to speak, of breakdown in biochemical activity.

Now, emotional breakdown usually appears later in life, during formative periods in development, and is subject to types of subtle environmental influences which we are only now slowly beginning to appreciate. I sometimes wonder whether, in our determination to relate emotional illness to specific genic action, we may not be reflecting feelings of guilt we harbor about our inadequacy in the management of our children during the formative years. But I do not propose this too seriously.

We are often tempted to speak of biological predisposition to emotional illness in the same manner, let us say, as biological predisposition to tuberculosis. Is such inference entirely justified in respect to emotional breakdown? I should like to suggest a different approach to explain man's tendency to break down under stress. It is in keeping with clinical experience and consistent with published research. I believe that what we inherit is human energy potential. The manner in which such potential is utilized, whether spent in normal adjustment or wasted in neurotic and psychotic modes of conflict, would depend upon the subtle influences of environmental pressures. Multiple genes, with additive effect, would be in-

[3] Pastore, N.: Special Review: The Genetics of Schizophrenia, Psychol. Bull. 46:285 (July) 1949.

volved, so that the observed variability in energy potential would describe a normal curve of distribution, similar to what we now accept for one aspect of this energy, namely, responses to tests of intelligence. It would mean that we could then speak of low and high emotional energy potential, as we now speak of low and high I. Q. ratings.

In the viewpoint expressed here, the personality structure is seen as responding to external stress or inner needs, in a unique way. Human energy potentials are mobilized by the personality acting as an integrated whole, and the environment is likewise perceived as a total experience. There is thus created a state of delicate equilibrium between pressures, on the one hand, and a constantly changing personality structure on the other. One can see that there is little need in this approach for a deterministic and pessimistic outlook toward man's feeble efforts to adjust to a world he himself has made so complex that he can hardly see his way about.

If there is merit in what I am suggesting, it would mean that in our fight against mental illness, research funds could profitably be invested in learning about those subtle environmental changes during the formative years which later on make us uncomfortable to ourselves and to others.

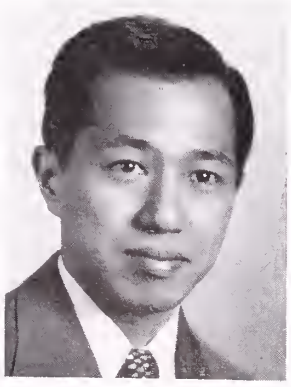
In presenting this point of view, I hope I am not motivated by my optimistic nature, but, as one long interested in the genetics of mental traits, I am concerned in reporting what I believe to be a more balanced view of this controversial matter. I have also been motivated by a sense of obligation to those people in our Islands whose families may have known mental suffering.

Myiasis from Oestrus Ovis

Report of Three Cases

SAMUEL S. KOIDE, M.D., Pepeekeo

KARTMAN and Bablock[1] and Bonnet[2] reported gastrointestinal myiasis in Hawaii from the ingestion of mangoes and guavas which were infested with Dacus Sp. (Oriental fruitfly). Herms[3] identified the larva obtained from a case of ophthalmomyiasis in Honolulu, Hawaii as Oestrus ovis.



DR. KOIDE

Jones[4] classified ophthalmomyiasis due to Oestrus ovis as external, internal or destructive. Patton[5] categorized the various types of myiasis producing Diptera as specific, semi-specific or accidental. Synonyms for Oestrus ovis are Cephalomyia ovis (Linnaeus), the sheep bot fly, and "grub in the head." The adult has a yellowish head, hairy grayish thorax, and a blackish abdomen, and resembles a bee. They are practically world-wide in distribution and present wherever sheep and goats are found.

The fly deposits the larvae near the nostrils of sheep or other animals. The parasites then enter the sinuses where they grow into the second instar (length 10-12 mm.); they then drop to the

From the Pepeekeo Clinic, Pepeekeo, Island of Hawaii.
Received for publication September 15, 1955.

[1] Kartman, L., and Bablock, J. W.: The Oriental Fruitfly as a Possible Cause of Myiasis in Man, HAWAII MED. J. 9:160 (Jan.-Feb.) 1950.

[2] Bonnet, D. D.: Myiasis in Humans, Proc. Haw. Ent. Soc. 13:201 (Apr.), 1948.

[3] Herms, W. B.: Ophthalmomyiasis in Man Due to Cephalomyia (Oestrus) ovis (Linn.), J. Parasitol. 12:54 (Sept.) 1925.

[4] Jones, B. R.: Human Myiasis in New Zealand. Ophthalmomyiasis Externa Due to Oestrus ovis. Report of a Case, New Zealand Med. J. Supp. 55, 1951.

[5] Patton, W. S.: Insects, Ticks, Mites and Venomous Animals of Medical and Veterinary Importance, p. 452, Croydon, H. R. Grubb, Std., 1929.

ground and pupate. Unsworth[6] reported that the maturation period of Oestrus ovis lasts one or two months in the sheep.

Attacks upon man occur where the number of sheep is sparse compared to the human population. The larvae may infest the eye, causing catarrhal conjunctivitis, or the ear, inciting considerable pain, but will not penetrate the tympanic membrane. Zumpt[7] states that the larvae of Oestrus ovis and Rhinoestrus purpureus cause painful inflammation of the pharynx and produce severe headache and insomnia when lodged in the nose and sinuses. The prognosis is good in most cases and recovery occurs in a few days or weeks, since the larvae are unable to complete their development in man. For a more detailed discussion of the morphology, life cycles, etiology and pathogenesis of myiasis in man, the bulletin by James[8] should be referred to.

Three cases of myiasis occurred on August 20, 1955 about 8:30 A.M. at Puako, Hawaii. All three of the patients were together having breakfast with some speared fish when the incident occurred.

Reports

CASE 1.—S. K., 34 years old, felt a fly "buzz" his left eye. Immediately thereafter, he noted smarting and irritation, as of a foreign body. Five minutes later the right eye was buzzed by another fly. Examination 15 minutes later, after the eyes were washed in running water, revealed many minute, crawling larvae on the conjunctiva. They were almost one millimeter in length with a black longitudinal streak at the cephalic end, moving rapidly, at the rate of about a half centimeter per second. Eleven larvae were removed from the left eye and three from the right eye. The last parasite was removed 24 hours after the incident. During the evening the patient complained of pruritus of the eye with intermittent sensations of moving objects. Soon after the occurrence, paroxysms of sneezing and coughing with rhinorrhea developed, which continued for two weeks.

Examination two days later revealed moderately swollen turbinates. Sinuses were clear to transillumination.

[6] Unsworth, K.: Observations on the Seasonal Incidence of Oestrus ovis Infection Among Goats in Nigeria. Ann. Trop. Med. Parasit. 43:337 (Dec.) 1949.

[7] Zumpt, F.: Myiasis in Man and Animals in Africa. South African J. Clin. Sci. 2:38 (Mar.) 1951.

[8] James, M. T.: The Flies That Cause Myiasis in Man. U. S. Dept. Agriculture, Misc. Pub. No. 631, p. 114 (Sept.) 1947.

Oestrus ovis, the sheep bot fly, occurs infrequently in Hawaii and may lay eggs in your eye while merely "buzzing" you.

Nasal smear showed a moderate number of eosinophiles. Slight leucocytosis was noted, with only two eosinophiles in the differential.

CASES 2 & 3.—The other two cases presented a similar clinical picture. One larva was removed from the conjunctiva of the second patient's right eye 36 hours after the incident. Another larva was obtained 13 days later from the nostril of the third patient, who complained of dull frontal headache, malaise, paroxysms of sneezing, and rhinorrhea which persisted for over two weeks. The larva was identified by Dr. Elmo Hardy* as Oestrus ovis (Linnaeus) in its first stage. Left maxillary sinusitis was noted 17 days later. No larvae were found upon examination and sinus irrigation.

Comment

Another victim, Y.I., 24 years, reported to the author that she developed catarrhal conjunctivitis following a picnic at Kawaihae, Hawaii, on Labor Day 1954. The next day 3 live larvae were removed from her eyes by a friend.

Two other suspicious cases were called to the attention of the author. Judging from these, there are probably many more unrecognized cases. This entity should be considered in any patient complaining of conjunctivitis or rhinorrhea and episodes of sneezing following a day at the beach or any place infested with the flies.

Summary

Three cases of myiasis of the eyes and nostril by the larvae of Oestrus ovis (Linnaeus) are reported. The larvae removed from the eyes, as well as that obtained from the nostril 13 days later, were alive and in the first instar. Predominant symptoms were catarrhal conjuctivitis, paroxysms of sneezing and coughing, rhinorrhea and sensation of moving bodies in the eyes and nostril.

* Professor of Entomology, Univ. of Hawaii, Honolulu, Hawaii.

Milwaukee Road Emergency Hospital, Chicago.



WEBSTER BOYDEN, M.D.

The President's Page

Now that our income taxes have again been taken care of, the time seems opportune to briefly review some of our economic problems.

Our government over the past few decades has encouraged the development of means to provide each individual with financial security for the day of his retirement. But at the same time the government takes a large immodest tax bite from our earnings. In industry the achievement of retirement security has been partially met by the establishment of employer sponsored pension plans, in which the employer makes tax-free contributions into a fund for his employees. The self-employed in the medical profession are by definition excluded. Also, in the OASI as it now stands, the self-employed physician is again denied benefits if he elects, or for financial reasons is compelled, to continue practice after reaching 65. Fortunately, there is a modification of the OASI which has been spearheaded by the American Bar Association and the American Medical Association—the Jenkins-Keogh bills. These bills have been favorably acted upon by the House and have a fair chance of becoming law. Under this legislation "Any individual who is not eligible to participate in a pension or profit-sharing plan may set aside each year an amount not to exceed ten per cent of his earned income, and in no case more than $7,500, to be paid into restricted retirement trust for insurance annuity. The amount thus set aside could be deducted from his taxable income. The proposed law places certain restrictions on the means by which these savings can be accumulated, and provides that the taxpayer may not tap the fund until he is sixty-five years old, except in the case of total disability."

Dr. Francis H. Adler, editor of the *A.M.A. Archives of Ophthalmology,* sums it up this way: "If all goes well during the second session of the 84th Congress, it is probable that it will no longer be an economic sin for a man to work for himself."

If you have any ideas on the subject, let us hear from you.

W. Boyden

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[EDITORIALS]

The Centennial Meeting

As we go to press, the Centennial Meeting seems to have been a highly successful affair. We have done our hundredth birthday proud. Less than 200 of our 530 members registered for the meeting, and 251 mainland doctors, many with wives and guests, came.

The scientific program had ample food for the mind, and those who stayed away missed a rare experience. There were a good many very fine teachers and medical scholars on the program, and a few great ones. It was quite a thrill to see how their separate presentations, independently prepared, dovetailed together and supplemented and supported one another.

Dr. Larsen's Cavalcade was a spectacular success, a fast-moving show which shifted swiftly from the drama of a mastectomy in the preanesthetic era to the delight of a cherry-blossom Japanese chorus and back to the drama of December 7. The hard-working volunteer cast were entertained with a luau after the meeting was over.

The conferring of the Distinguished Service Award "for service to the medical profession and to the community above and beyond the call of routine professional responsibilities" upon Dr. Nils P. Larsen, Dr. F. J. Pinkerton, Dr. H. L. Arnold, Sr., Charles Chillingworth, LL.D., and Miss Mary Catton was an impressive and memorable ceremony. It is heart-warming to see public appreciation given to worthy persons while they are still around to see and hear it happen.

Dr. Elmer Hess, President of the A.M.A., contributed greatly to the success of the week-long meeting by his refreshing frankness, his humor, his warmth of spirit and deep streak of sentimentality, no less than by his distinguished position in organized medicine. We are deeply grateful to the Louisiana State Medical Society for releasing him from his prior commitment to attend their annual meeting, and to others who also let him off the hook, so that he could attend our Centennial. We are pretty sure he had a darn good time here, and we are certain that we thoroughly enjoyed having him.

The enormous contribution of our Woman's Auxiliary to the success of the occasion deserves our most heartfelt thanks. Publicity, greetings, leis, transportation, decorations, communications —there was hardly a phase of the meeting that was not the better for their help, and much of it depended almost entirely upon them. Too numerous to name, they all deserve our gratitude for a good job.

Finally, we should like to thank, on behalf of the entire Association, one who as usual bore most of the weight of virtually every aspect of the meeting upon her shoulders, as well as that of her continuing routine responsibilities, with unfailing pleasantness—and startled us all by announcing that she was doing it for the last time. Edith C. Bennett, our Executive Secretary and Managing Editor of the JOURNAL since 1944, submitted her resignation, to take effect as soon as a suitable successor can be found. This was the one really sad note in an otherwise joyous week. She has been invaluable in our public and press relations work, as well as in the management of the Association and the production of the JOURNAL, and the maintenance of its financial status; it has always been a pleasure to work with her—never for her—and we deeply regret her decision to leave the post she has filled so long, so faithfully, and so singularly well.

So went the Centennial meeting; it will be reported in detail in our next issue. Welcome to our Second Century!

The Indispensable Auxiliary

The success of our Centennial Celebration depended in large measure on the tireless and systematic efforts of the Woman's Auxiliary committees, who tended to every detail of its preparations and conduct. We speak for all the members of the Hawaii Medical Association in extending them our heartfelt thanks for the wonderful job they did. Scores of doctors' wives served on committees, attended many meetings, and worked long hours at their assigned tasks. It was the biggest job they had ever been asked to tackle, and they handled it beautifully.

Space doesn't permit listing the names of all those who worked at the various assignments, but the Chairmen of the committees can be mentioned. Mrs. Howard Liljestrand coordinated the Territorial and County Auxiliaries; Mrs. J. Warren White was in charge of the registration and Hospitality Desk; Mrs. Bob Millard and Mrs. Clarence Trexler planned the cocktail party; Mrs. Sam Yee arranged the wives' picnic; Mrs. Fred Giles handled the reception arrangements for arriving guests; Mrs. Ivar Larsen was in charge of transportation; Mrs. Joe Lucas took care of luncheon arrangements; Mrs. Garton Wall and several doctors' daughters served pineapple juice at the Reef Hotel; Mrs. Tom Richert planned the fashion show; Mrs. Bob Katsuki and Mrs. Kyuro Okazaki headed the Japanese group for the pageant and Mrs. Alexander Lee the Chinese group; Mrs. K. S. Tom was in charge of the ticket sale, and Mrs. Louis Buzaid of the publicity, for the pageant; and Mrs. Robert Johnston and Mrs. Sam Allison were publicity chairmen.

A list like this tells volumes about the helpfulness and effectiveness of this remarkable organization. It is a friendly, cosmopolitan, democratic, busy club, to which *every* doctor's wife really should belong, and in which every member has an opportunity to be as active and influential as she likes. If her domestic or other responsibilities prevent her active participation, she can at least support it in spirit, and financially, by belonging.

May we make a suggestion, Doctor? Give your wife a check for $4—call it an un-birthday present if you like—and ask her to join the Auxiliary, if she doesn't already belong. In fact, make it $6 and include a subscription to the JOURNAL! She'll enjoy them both!

Thanks for the Kind Words

"Praise from Caesar is praise indeed"—though praise from readers is equally dear to the editorial heart—and our March-April Centennial Issue earned a gratifying amount of both kinds. To those who expressed it we are grateful. We particularly thank Dr. Joseph Garland, whose editorial "Aloha" in the April 12 issue of *The New England Journal of Medicine* warmed our heart with its scholarly, friendly congratulations. And we also are grateful to Mr. Thomas Nickerson, Director of Publications of the University of Hawaii, who liked the issue, and said so, and asked to be allowed to include it in the copper "time capsule" to be placed in the cornerstone of the new Gregg M. Sinclair Library when it is dedicated on May 4.

Equally welcome, if with a little effort, will be expressions of criticism, particularly those calling attention to errors of omission or commission.

No Kaiser Plan—for the Present

A letter from Dr. Frederick Pellegrin in the Correspondence section of this issue explains the background of his decision to recommend to Mr. Kaiser that the plan to introduce a group prepayment plan of the Permanente type into Honolulu be abandoned now and for the foreseeable future, unless a group of doctors here wishes to attempt it.

What it adds up to is that we appear to be doing a pretty good job right now of prepaying medical care—so good that the success of such a plan, at this time, seems somewhat debatable at best.

This should not be regarded as just a victory of reactionaries over liberals (or is it vice versa?) in the philosophy of prepaying medical care costs. It indicates nothing more than the fact that a critical observer with some experience in the prepayment field thinks well of our efforts in that direction at this time. There is no reason to feel complacent about it, or to give up trying to improve our present system. There is plenty of room for further improvement, and if we don't realize this, and continue to try to accomplish it, group prepayment will again be interested in our community.

Additional copies of the special Centennial issue of the Hawaii Medical Journal, with its 14 year cumulative index and roster of members, are still available at one dollar each.

This is What's New!

The patient who complains of "low resistance" may have precisely that. Investigators at Bethesda National Institute of Health relate the case history of a 63-year-old secretary who entered the hospital with the chief complaint of "low resistance." She had already made the correct diagnosis, and the low resistance syndrome of extreme susceptibility to infection and low circulating antibodies with depressed gamma globulins was borne out by appropriate tests. She is reported as the oldest living patient with **acquired hypo-gamma-globulinemia.** Frequent respiratory infections or attacks of the flu or recurrent bronchitis should suggest the diagnosis. The zinc turbidity test is the most practical screening procedure at present. Treatment by periodic injection of gamma globulin is effective. *New Eng. J. Med.* (Mar. 8) 1956.

Fever, pain and swelling associated with **acute thrombophlebitis** tempts one to use antibiotics routinely here. The routine use, however, is of no value. Biopsy and culture of the thrombosed segment were sterile in seventeen cases studied. The authors therefore advocate **no antibiotics.** *Surg.* (Mar.) 1956.

Pure oxygen, as an **anesthetic** agent, is apparently as effective as oxygen combined with other inhalant anesthetics such as nitrous oxide or ether. Drs. Gerbode and Bailey of Stanford, have discovered the technique and find it ideal for cardiac surgery. The only other drugs used were demerol, scopolamine, pentothal and cocainization of the trachea. They have only had one case of ventricular fibrillation after using the technique for three years. *Ciba Med. News* (Mar. 12) 1956.

Aldosterone, the potent sodium-retaining hormone from the adrenal cortex, may be responsible for much of the **edema of pregnancy.** The amount of aldosterone in the urine increases sharply after the third month of pregnancy and remains high up to the time of delivery. Following delivery, there is a rapid decrease in the output of this substance. A study of three patients with toxemia of pregnancy revealed that they did not excrete more aldosterone than the non-toxic patient. *J. Clin. Endocrinol. & Metabolism* (Mar.) 1956.

Penicillin V, unlike penicillin G, resists gastric digestion and can therefore be used **orally.** Eighteen patients treated at the Mayo Clinic had excellent response. One patient had subacute bacterial endocarditis.

At the Henry Ford Hospital four patients with subacute bacterial endocarditis received penicillin V. Result: Two with alpha hemolytic streptococci were "cured," two with resistant organisms required additional therapy. Conclusion: **Penicillin G,** the hard way, probably is still the drug of choice for the **green strep endocarditis.** Penicillin V is the best oral penicillin. *JAMA* (Mar. 17) 1956.

Five mg. of **reserpine** intravenously, in unanesthetized dogs caused a marked increase in **adrenal corticoid** secretion. Whether this trips the pituitary or stimulates the adrenals directly remains a question. *Sci.* (Mar. 9) 1956.

Ultrasound therapy has had considerable enthusiasm in Europe and much skepticism in the United States. Physical medicine workers in New York found that the ultrasonic waves were most effective in painful conditions where the pain arose from **pathology in or near nerves** (neurofibromata, painful scars, etc.). *Am. J. of Physical Med.* (Feb.) 1956.

FRED I. GILBERT, JR., M.D.

In Memoriam --- Doctors of Hawaii --- II

This is the second instalment of *In Memoriam —Doctors of Hawaii.* The first, which appeared in our March-April (Centennial) issue, recounted the lives of nine of the ten charter members of the Hawaii Medical Association.

This instalment goes back to the first physician of record in Hawaii—aside from the *kahuna lapa'au,* that is—Don Francisco de Paula y Marin, and continues in approximately the order of their arrival in the Islands. This sequence will be continued in subsequent issues.

The author of these intriguing thumbnail biographies, Mrs. Robert Y. Katsuki, wishes it to be made clear that she regards them as the work of all of the members of her committee, of the Woman's Auxiliary, who have worked so diligently at the job of gathering the material for them. These ladies are listed in the preceding issue.

She also wants very much to be informed of any errors, either of omission or commision, so that they can be corrected. Readers will do her a favor by calling any such to her attention. She may be addressed through the JOURNAL.

Don Francisco de Paula y Marin

Don Francisco de Paula y Marin was born November 28, 1774 in Spain. There is a difference of opinion as to whether his birthplace in Spain was Jerez or Malaga.

Marin, or "Manini," as he was called, arrived in Hawaii about 1793, and soon became very influential in the affairs of the kingdom. He was a friend and confidant of Kamehameha the Great, who made him a chief and gave him lands.

There is no record that Manini received any formal medical training, but he became, whether or not, physician to the Hawaiians. Ralph Kuykendall in his "The Hawaiian Kingdom 1778-1854" speaks of Marin as having "some medical knowledge." Robert Wyllie in an address read before the Royal Hawaiian Agricultural Society in August 1850 says Marin acted as a physician. Certainly, he devoted a great deal of his time to attending the sick. His journal contains many references to those who were ailing, and we are led to presume that they were "patients" of Marin's. There are more specific entries such as that of January 27, 1810 when Craimocu (Kalaimoku) orders him to cure his mother and on June 11, 1820, "This day I went to cure Quiaveruare (Keaweluale) and I applied a Blister."

His most famous patient was Kamehameha. On April 15, 1819, Marin was sent for by ship to make the trip from Honolulu to Kailua, Hawaii, where His Majesty was staying, to "cure the king." The trip took four days and he remained with the king until his death on May 8, his services unfortunately proving "ineffectual."

There is no doubt that Don Manini was a brilliant and versatile man. Not only did he practice the healing arts, but he acted as consul of various South American republics, captain in the Hawaiian army, agent for various ships' captains, tax gatherer, interpreter and inspector of sandal wood weights. In addition he served on various occasions as a butcher, cook, mason, ship carpenter, stone cutter, brewer and cigar maker.

This unusual man was best known perhaps for his agricultural experiments in cultivating pineapples, oranges, limes, beans, cabbages, potatoes, peaches, melons, maize, tobacco, lettuce, etc. It was he who boiled potatoes for the king. His was the first vineyard in the islands. He manufactured kukui-oil and coconut oil, candles, tiles, hay, cigars, beer and brandy. He kept a herd of cattle, and imported horses from California and Mexico.

In spite of being a loyal Roman Catholic, he was kind to the Protestant missionaries on their arrival in the islands.

He is credited with having some three dozen children, and apparently did not limit his affections to his wife. One source states he lived with two other women and was "Queen Kaahumanu's *kane* for a time."

Don Manini died October 30, 1837, in Honolulu, at the age of 64.

John Elliot de Castro

One of the first physicians mentioned in old Hawaiian records was John Elliot de Castro, surgeon to King Kamehameha.

In 1816 the doctor was a passenger on the "Rurik," returning from San Francisco to Hawaii and his family. The following description is taken from "Chamisso's Account of the Voyage Around the World on the Rurik 1815-1818."

> Mr. John Elliot de Castro of mixed English and Portuguese blood, was so small, that I can only compare him to the little John Paul, one of the story book dwarfs, since he himself barely reached up to our knees, not to make a comparison with taller persons. He was a devoted Catholic, and pinned all his faith on a ribbon of the brotherhood of St. Francis, that he wore, and whose virtues promised him plenary absolution. He had been married in Rio de Janeiro, and had there been appointed Surgeon of a hospital. He had also another love, an unlucky love, for this passion had driven him out into the world and brought him much misfortune. He was in love with money, a sum of twenty thousand piastres (Spanish dollars), the possession of which he could not encompass, of which he spoke with a passionate yearning, a semblance of truth and depth of feeling, with a rapturousness which was at least equal to that of the poetry of a calendar muse. This love was truly poetical; it was touching to see him, as he leant over the bulwarks of the Rurik searching the far distant horizon where in his imagination he saw a sail, an American ship! laden with piastres the result of trade with the padres on the Spanish Coast! We have more guns than he! We could easily capture him, but never was there a real ship in the offing. Once he tried to smuggle tobacco into Buenos Aires, and was thrown into prison. Once also, he tried his luck under Baranoff, which only led to another imprisonment by the Spaniards. He had spent two years in the Sandwich Islands, where he sought to carry on a trade in Pearl River pearls, which did not however come up to his expectations.
>
> After that he became personal surgeon to King Tameiameia (Kamehameha), who gave him lands, and, now as he was returning to his native family he hoped to find his estate in good order, and believed his former arrangements still held good.

On the arrival of the "Rurik" at Hawaii, it was de

Castro who accompanied the captain ashore and vouched for the entire company.

Klaus Mehnert in "The Russians in Hawaii" states that after de Castro's first two years in Hawaii he resumed his wandering life and in 1813 was in Sitka, Alaska, "recommending himself to Baranov* as an expert on Spanish affairs." In December 1813 Baranov sent him to Ft. Ross with a hunting party. When the expedition got as far afield as southern California, de Castro and some others were captured and held prisoners by the Spaniards. It was not until the fall of 1816 that they were rescued by Kotzebue and put aboard the "Rurik" when she sailed for Hawaii.

Mehnert says that on his return to Hawaii de Castro was again taken into the king's service and that in 1818 the Russians found him the owner of valuable land and receiving the yearly salary of 800 Spanish piastres paid in sandalwood. The Russians believed him to be Kamehameha's foreign minister, and in a letter to the commander of the Russian frigate he signed himself Secretary of State to His Majesty.

What became of de Castro after Kamehameha's death we do not know.

Yegor Scheffer

Yegor (George) Scheffer was German and studied medicine at Goettingen, Germany. In 1808 he entered public life in Russia as a surgeon with the Moscow police. During Napoleon's march through Russia in 1812, Dr. Scheffer engaged in constructing balloons in order to keep track of the enemy's movement.

In October 1813 Dr. Scheffer took service as ship's surgeon on the "Suvorov" bound for Russian America. The captain and the doctor did not get on well together, and when the "Suvorov" returned to Europe, Scheffer remained in Alaska.

When Gov. Baranov, manager of the Russian American Company, launched an effort to establish a Russian colony in Hawaii under the guise of rescuing the plundered freight of the Company's brig, "Bering," wrecked on Kauai in 1815, he selected Dr. Scheffer as his agent. The doctor sailed on the "Isabella" from Sitka on October 17, 1815.

Landing on the island of Hawaii, the doctor was able to assure King Kamehameha that his main purpose was botanical research. In his report Scheffer states that he "healed Queen Kaahumanu from a sickness and the king himself from a feverish cold," and succeeded in winning the King's favor. He was given lands for plantations on Oahu.

Dr. Scheffer got permission to go to Oahu to cultivate his lands and even to buy additional lands from Queen Kaahumanu. However, he was soon in trouble for building a fort, and Kamehameha insisted that he leave Oahu. This fort, finished by John Young, became a stronghold of Kamehameha, and is today commemorated by Fort Street in Honolulu, which passes over the site.

From Oahu Dr. Scheffer went to Kauai, probably in April 1816, on the "Discovery" owned by the Russian American Company. King Kaumualii of Kauai received him very kindly and promised to pay for the property plundered from the shipwrecked "Bering" with sandal and fragrant wood, to trade only with the Russians, to give the Company lands for plantations, and to allow the establishment of factories; and he took an oath of allegiance to the Tzar. Apparently, these concessions were granted because Kaumualii feared Kamehameha. At the King's request, the doctor superintended the building of a fort at Waimea which mounted a number of guns and flew the Russian flag. Another fort, overlooking Hanalei Bay, was seemingly not completed.

Meanwhile, the Russians left on Oahu had polluted a Hawaiian temple near Honolulu and roused such fury among the natives that only at John Young's intervention were their lives spared. The Russians were taken aboard a schooner sent by the doctor and returned to Kauai.

In November 1816 King Kamehameha had learned that Dr. Scheffer was acting without the authority of the Russian government. This, together with pressure brought by other foreigners who did not take kindly to the idea of a Russian monopoly in the sandalwood trade of Kauai, caused him to send imperative orders to Kaumualii to expel Dr. Scheffer and his force. Finally in May 1817 Kaumualii threatened Scheffer and his men with death if they did not leave. After a fight which killed three Russians and several natives, the Russians were forced to board their own ships. Dr. Scheffer escaped to Canton on an American vessel.

Chamisso in his account of the voyage of the "Rurik" states that Dr. Scheffer returned to Petersburg where "his adventurous schemes do not appear to be favorably received" and adds that the doctor appears later as an Imperial recruiting officer in Hamburg.

Abraham Blatchely

Abraham Blatchely was born October 13, 1787 at East Guilford (now Madison) Connecticut. He received his medical degree from Yale Medical College in 1816 and also attended two courses of lectures at the New Haven Medical School.

In November, 1822 Dr. Blatchely married Jemima Marvin of Lyme, Connecticut. On the 19th of the same month, the young couple sailed from New Haven, Connecticut, on the packet, "Thames," as members of the Second Missionary Company. They arrived in Honolulu April 29, 1823 after a voyage of 158 days.

To spread the services of the one missionary doctor as far as possible, Dr. Blatchely made trips to all the islands. However, on his arrival he was temporarily stationed in Honolulu. On September 12, 1823, he went to Lahaina, Maui, to attend the Queen Mother Keopuolani and in consultation with Mr. Law, the physician of King Liholiho, pronounced her death as imminent. In November of the same year, Dr. Blatchely, accompanied by his wife, was again in Lahaina to treat Brother Stewart of the missionary family and to be on hand for the arrival of the first Richards baby. The Blatchelys returned to Honolulu on December 6. Six weeks later they accompanied the group sent to establish a new missionary station at Waiakea (Hilo), Hawaii. In March they returned to Honolulu, stopping enroute on Maui where the doctor's services were needed. His next trip took Dr. Blatchely to Kauai to care for Sister Whitney of the missionary group.

In January, 1825, the Blatchelys left Honolulu for Kailua, Hawaii, where they stayed for ten months. Here his practice extended over some 200 miles and he treated chiefs and natives and foreigners as well as the missionaries. During his stay, the doctor twice travelled across the island, visited the volcano and even climbed to the top of Mauna Kea.

* The Baranoff of Chamisso's account and manager of the Russian American Company as well as virtual governor of Russian holdings in Alaska.

Although he found no smallpox in Hawaii, Dr. Blatchely had requested a supply of vaccine sent out from Boston (the original source was London) and was disappointed that when it arrived, via the Horn, it was "good for nothing."

In September, 1826, Dr. Blatchely presented a request for his release, due to overwork and the state of his health. So great was the need for his professional services that the plea was vetoed at the annual meeting of the Hawaiian Mission held at Kailua, Hawaii, that year. Despite this, Dr. and Mrs. Blatchely left the Islands on November 6, 1826 on the whaleship "Connecticut," and on May 26, 1827 they arrived in New London, Connecticut.

On his return to the Mainland, the doctor practiced at Brookfield, Connecticut, and later at East Guilford. A daughter, Catherine Marvin, was born on March 21, 1830 but died on August 27, 1833. After the death of his first wife on October 26, 1856, he married Mrs. Ware in 1858, and they moved to Ohio.

Dr. Blatchely died in 1860 at the age of 73.

John Pelman

Dr. John Pelman was a native of Kent, England.

He came to the Islands about 1826 and was long the medical attendant of Kalaimoku, Kaahumanu and Governor Kuakini, high chiefs of the nation.

At the time of his death Dr. Pelman was government vaccinating officer for Hawaii.

Dr. Pelman died at Hilo, Hawaii, on March 16, 1857 at the age of 60.

Thomas Holman

Thomas Holman was born November 26, 1793 at Brookfield, Connecticut. He was educated at the Cherry Valley Medical School in New York. On September 26, 1819, Dr. Holman married Lucia Ruggles at Brookfield, Connecticut. The couple had three children.

Less than a month after the wedding Dr. and Mrs. Holman sailed from Boston on October 23 in the brig, "Thaddeus" as members of the Pioneer Missionary Company bound for the Sandwich Islands. After a voyage of 164 days, they anchored at Kailua, Hawaii, on April 4, 1820.

Friction and dissension between the doctor and the Rev. Hiram Bingham, which began aboard the "Thaddeus," gradually assumed such proportions that it led to the excommunication of Dr. and Mrs. Holman from the missionary company some six months after their arrival. However, Dr. Holman continued to practice.

On October 11, 1820 the Holmans sailed to Kauai. The Kauai missionaries did not seem to share Rev. Bingham's sentiments and were only too happy to have the services of the one available physician in the islands. The Holmans' first baby, a daughter, Lucia Kamamalu, was born there on March 2, 1821.

Returning to Honolulu, Dr. Holman postponed his departure many times due to urgent calls for his services. However, on October 10, 1821 the doctor and his family sailed on the "Mentor," bound for Boston by way of Macao, China. If Dr. Holman had the honor of being the first missionary doctor, Mrs. Holman had the distinction of being the first American lady to circumnavigate the globe.

Arriving in Boston on May 15, 1822, Dr. Holman received his formal dismissal from the American Board of Commissioners for Foreign Missions which was dated May 12, 1822. The Holmans settled in Bridgeport, Connecticut, where the doctor resumed his practice.

On March 20, 1826, Dr. Holman died at Bridgeport at the age of 32.

Dwight Baldwin

Dwight Baldwin was born at Durham, Connecticut, on September 29, 1798.

His first two years of college work were done at Williams, from which he matriculated to Yale, graduating in 1821. The next few years found him teaching school and studying medicine, but in 1826 he dropped medicine and entered the Auburn Theological Seminary, from which he graduated in 1829. As a minister young Baldwin tried to join the Fourth Missionary Company; but, the demand for doctors outweighing the demand for ministers, he went back to medicine and completed his work at Harvard in 1830. Thus, he became the first doctor-minister to be sent to the Islands.

Dr. Baldwin married Charlotte Fowler at Northfield, Connecticut, on December 3, 1830. On Dec. 28, the young couple sailed from New Bedford, Massachusetts, as members of the Fourth Missionary Company. After a voyage of 161 days aboard the "New England," they arrived in Honolulu on June 6, 1831.

For the first six months Dr. Baldwin was stationed at Honolulu.

The Baldwins' first child, David Dwight, was born there on November 26, 1831. Seven other children were born to the doctor and his wife: Abigail Charlotte, born 1833; Mary Clark, 1835; Charles Fowler, 1837; Douglas Hoapili, 1840; Henry Perrine, 1842; Emily Sophronia, 1844; and Harriet Melinda, 1847. Mary and Douglas died in early childhood.

In January 1832 the Baldwins were assigned to Waimea, Hawaii where they remained until February 1835, when the family moved to Lahaina, Maui, hopeful that the drier climate would prove beneficial to a throat ailment troubling Dr. Baldwin. When the change brought little improvement in his condition, the doctor made a voyage to the Society Islands which took him away from July through September.

During the smallpox epidemic of 1853, Dr. Baldwin took such vigorous measures that deaths on Maui were held to 250. In an attempt to cure the cases of leprosy which he treated on Maui, he became very interested in the disease and experimented with many kinds of drugs.

Not only did Dr. Baldwin take care of the medical needs of the people of Maui, but he found time for agricultural and horticultural experiments, as well as studying and writing about the ill effects of tobacco and liquor.

In 1856 Dr. and Mrs. Baldwin revisited New England going by way of Cape Horn and returning in 1857 via the Panama Canal. In 1862 the doctor made a trip to the Marquesas as a mission delegate.

Moving to Honolulu in 1870, Dr. and Mrs. Baldwin made their home with their daughter, Abigail, then Mrs. William DeWitt Alexander. The doctor taught at the Theological School from 1872 to 1877.

On January 3, 1886 Dr. Baldwin died in Honolulu at the age of 87.

The following is taken from an article on Dr. Baldwin's death published in "The Friend" of February 1886. "His entire trust for immortality and glory in the world to come was in the mercy of God through the mediation of Jesus Christ. He was a man of prayer and full of faith. To his faith were added virtue, temperance, godliness and kindness to all men. With a mind disciplined and enriched by study and reading his conversation was ever entertaining and instructive. They who knew him best recognized in him singleness of heart and refinement of sentiment. With tenderness and gentleness of spirit were blended firmness of principle and unwavering adherence to the right."

Alonzo Chapin

Alonzo Chapin was born February 24, 1805 at West Springfield, Massachusetts. He attended Amherst College, graduating in 1826. In 1831 the University of Pennsylvania granted him his M.D. degree. Dr. Chapin married Mary Ann Tenney at Boston on October 26, 1831.

A month later, as members of the Fifth Missionary Company, the Chapins sailed from New Bedford, Massachusetts, in the whaleship, "Averick." After a voyage of 172 days, they arrived in Honolulu on May 17, 1832.

At first Dr. Chapin assisted Dr. Judd on Oahu, but later they were assigned to Kauai. In September 1832, Dr. Chapin was called to Lahaina, Maui, to be present at the birth of the Rev. and Mrs. Andrews' baby.

Mrs. Chapin, who had been seriously ill on the voyage out to the Islands, was taken sick again on Maui where she had accompanied her husband. On December 13, she was carried aboard the packet on a stretcher for the trip to Hawaii where Dr. Chapin was being sent to Waimea to replace Dr. Baldwin. Most of the time the Chapins were in the Islands Mrs. Chapin's health gave her husband grave concern.

At the end of their first year on duty, Dr. and Mrs. Chapin went again to Lahaina for the annual General Meeting of the missionaries in June 1833. Much to their joy, the Chapins were assigned to Lahaina. However, the great need of the missionary families for medical services saw the doctor making frequent trips to the other islands. On many of these trips he was accompanied by Mrs. Chapin.

While Dr. Chapin was at Lahaina, he found time to help Mr. Andrews in preparing maps and illustrations for books for use at Lahainaluna High School.

On March 1, 1835 a baby daughter, Elizabeth Dwight, was born to the Chapins.

In May of the same year, Mrs. Chapin's declining health prompted her husband to ask for a consultation with Doctors Judd and Rooke. The following months bringing no improvement in her health, Dr. Chapin decided to return to the United States. The family sailed November 28, 1835, by way of Tahiti, and on May 5, 1836 they landed at Martha's Vineyard.

On his return, the doctor tried private practice in Boston, where he was licensed, and became a member of the Medical Association of Boston, then at Barre, and finally at East Abington about September 1838. He practiced there for ten years, serving as postmaster for a time. From East Abington Dr. Chapin moved to Winchester, where he lived until his death. He was examiner of pensions 1863-1876, coroner and a member of the school committee. He also found time to write articles for medical journals.

Dr. Chapin died December 25, 1876 at Winchester at the age of 71.

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January and his associates[1] have written on the use of tetracycline (ACHROMYCIN) to treat 118 patients having various infections, most of them respiratory, including acute pharyngitis and tonsillitis, otitis media, sinusitis, acute and chronic bronchitis, asthmatic bronchitis, bronchiectasis, bronchial pneumonia, and lobar pneumonia. Response was judged good or satisfactory in more than 84% of the total cases.

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[1]January, H. L. et al: Clinical experience with tetracycline. *Antibiotics Annual* 1954-55, p. 625.

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Bureau of Medical Economics

Medical Credit Reporting

John Patient has an excellent credit record in town. His payments on his home mortgage are always on time. The monthly payment to Sears is prompt, his payment to Seaboard Finance on that new 1956 car is always there on the due date, his payment to the Liberty House, an open account, is kept current within 60 to 90 days. Yes, Mr. Patient can obtain credit most anywhere in town because his credit rating is excellent. However, there is one credit reporting agency that tells you a different story on Mr. Patient, and that agency is your Bureau of Medical Economics.

The Bureau's report would show that Mr. John Patient is a poor payer when it comes to medical bills. In short his Medical Credit Rating is ZERO! He has three delinquent accounts with three different physicians, one delinquent hospital bill, and one delinquent laboratory bill. Two of the doctors' accounts go back three and one-half years. In addition the Bureau has a medical account forwarded to them from the mainland which is over four years old.

What happens then when your office calls the Bureau for a credit report? You are told whether or not we have a delinquent account on the patient; if so, how many; and what action did we have to take to force collection. In addition, for your information, the Bureau keeps a special file on all legal notices which include non-responsibility notices, name changes, probates and small estates, divorces, bankruptcies and deaths.

The value of the Bureau's credit reporting services increases daily. The more doctors, dentists, laboratories and hospitals using our services, the more complete are our credit reporting files. A doctor referring a delinquent account to a commercial collector deprives the Bureau of a record of these bad accounts, which should be in the Bureau's files for the protection of other doctors inquiring about these same debtors.

Mail Returned? Lost Tract of a Patient?

Here again a *medical* collection agency offers a service. Let me give you an example of what I mean. Four weeks ago a doctor called regarding a $60.00 account. His patient had left for the mainland (he thought) and he was unable to find any leads as to his whereabouts. The doctor had wisely called on the Bureau for help while the trail was still warm. A check with the Credit Bureau, former employer, and landlord found that he left with a clean record—all bills paid. The only information we were able to dig up was that he had moved to the San Diego area. Thanks to the doctor, we had his *full* name, wife's name, children's names, and what type of work he did. This information we immediately forwarded with the account to our agent in San Diego. Two weeks later the account was paid in full, and we now have his mainland address. Then a week ago we received another account on the same person, and of course the doctor had indicated that mail had been returned, and the patient's whereabouts were unknown. This morning's mail brought payment in full.

What does this all mean to you? It means just this. If the first doctor had referred his account to a commercial collector, the Bureau would have been deprived of this valuable record for the second doctor, and, who knows, maybe others. Or if the second doctor had referred his account to a commercial collector it would have deprived the doctor of the Bureau's valuable information and deprived the Bureau of the opportunity to be of service. So we repeat—

A doctor referring a delinquent account to a commercial collector deprives the Bureau of a record of these bad accounts, which should be in the Bureau's files for the protection of other doctors inquiring about the same debtors.

B. M. E. Medical Credit Bulletin

Are you taking full advantage of the monthly B.M.E. Medical Credit Bulletin? Here's what you should do. First get your girl in the habit of checking the Bulletin against your file of patients. It will be money in your pocket.

The Bulletin lists bankruptcies, non-responsibility notices, regular and small estates in probate, and multiple accounts from the Bureau's file. Let's go through these items one by one, and see what advantages they offer:

A. *Bankruptcy*—If one of your patients has filed bankruptcy, you may file a claim against him, and if there are any assets to be dispersed you will receive your share. The knowledge of bankruptcy will save you time and money in as much as you know it's of no value to continue mailing statements. If he or she is an active patient, the value of this information is apparent.

(*Continued on page 500*)

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Recent Acquisitions

Anatomy and Physiology

Greisheimer, E. M. *Physiology and Anatomy.* 7th ed. c1955. (from Nurses' Association)

Sodeman, W. A., ed. *Pathologic physiology.* 2nd ed. c1956. (gift of publisher)

Biochemistry

Luros, G. O. *Essentials of chemistry.* 6th ed. c1955. (from Nurses' Association)

Luros, G. O. *Laboratory experiences in chemistry.* 6th ed. c1955. (from Nurses' Association)

Menkin, Valy *Biochemical mechanisms in inflammation.* 2nd ed. rev. c1956. (gift of publisher)

Whipple, G. H. *Dynamic equilibrium of body proteins.* c1956. (gift of publisher)

Cancer

Cowdry, E. V. *Cancer cells.* c1955. (gift of publisher)

Weller, C. V. *Causal factors in cancer of the lung.* c1956. (gift of publisher)

Cardiovascular System

Dock, William *Ballistocardiography.* c1953. (gift of publisher)

Holman, Emile *New concepts in surgery of the vascular system.* c1955. (gift of publisher)

Clinical Medicine

A.M.A., Council on Scientific Assembly *A.M.A. Scientific exhibits, 1955.* (gift of publisher)

Forkner, C. E., ed. *Practitioners' conferences.* v.3. c1956. (gift of publisher)

Modell, Walter *The relief of symptoms.* c1955. (gift of publisher)

Physicians desk reference. 10th ed. 1956. (gift of E. R. Squibb & Sons)

Rehfuss, M. E. *A course in practical therapeutics.* 3rd ed. c1956.

Schwimmer, Morton *The role of algae and plankton in medicine.* c1955. (gift of publisher)

Twiss, J. R. *Practical management of disorders of the liver, pancreas, and biliary tract.* c1955. (gift of publisher)

Williamson, Paul *Office procedures.* c1955. (gift of publisher)

Communicable Diseases

Anderson, G. W. *Communicable disease control.* 3rd ed. c1953.

Strong, R. P. *Onchocerciasis.* c1934. (gift of HSPA)

U. S. Department of Health, P.H.S. *Stereoscopic manual of venereal disease.* c1955. (gift of Board of Health)

Wolstenholme, G. E. W., ed. *Ciba Foundation symposium on experimental tuberculosis.* 1955. (gift of publisher)

Drugs

Ferguson, N. M. *A textbook of pharmacognosy.* c1956. (gift of publisher)

Grove, D. C. *Assay methods of antibiotics.* c1955. (gift of publisher)

Haugaard, Niels *The action of insulin.* c1953. (gift of publisher)

Herrell, W. E. *Erythromycin.* c1955. (gift of publisher)

Jukes, T. H. *Antibiotics in nutrition.* c1955. (gift of publisher)

Spector, W. S., ed. *Handbook of toxicology.* v.1. c1956. (gift of publisher)

Welch, Henry, ed. *Antibiotics annual.* 1954-55. c1955. (gift of publisher)

Welch, Henry *Principles and practice of antibiotic therapy.* c1954. (gift of publisher)

Endocrinology

Seed, Linden *Treatment of toxic goiter with radioactive iodine.* c1953. (gift of publisher)

Werner, S. C., ed. *The thyroid.* c1955. (gift of publisher)

Williams, R. H., ed. *Textbook of endocrinology.* 2nd ed. c1955. (gift of publisher)

Zimmerman, Bernard *Endocrine functions of the pancreas.* c1952. (gift of publisher)

Experimental Medicine

Green, H. D., ed. *Shock and circulatory homeostasis. Trans . . . 4th conf . . . Dec. 6-8, 1954.* c1955. (gift of Josiah Macy Jr. Foundation)

Virtue, R. W. *Hypothermic anesthesia.* c1955. (gift of publisher)

Hospitals and Clinics

Burling, Temple *The give and take in hospitals.* c1956. (gift of publisher)

Huffman, E. K. *Manual for medical record librarians.* 4th ed. rev. c1955.

Kirk, P. H. *Doctors offices and clinics.* c1955.

Nicholson, E. E. *Planning new institutional facilities for long-term care.* c1956. (gift of publisher)

Hypnosis

Dorcus, R. M., ed. *Hypnosis and its therapeutic applications.* c1956.

Lecron, L. M. *Hypnotism today.* c1947. (gift of Mr. Lecron)

Neurology and Psychiatry

Bakay, Louis *The blood-brain barrier.* c1956. (gift of publisher)

Leyton, Nevil *Migraine and periodic headache.* 2nd ed. 1954. (gift of publisher)

Menninger, K. A. *A guide to psychiatric books.* 2nd ed. rev. c1956. (gift of publisher)

Monrad-Krohn, G. H. *The clinical examination of the nervous system.* 10th ed. 1955.

Moore, G. E. *Diagnosis and localization of brain tumors.* c1953. (gift of publisher)

Strauss, A. A. *Psychopathology and education of the brain injured child.* v.2. c1955. (gift of publisher)

Nursing

Averill, L. A. *Psychology applied to nursing.* 5th ed. c1956. (gift of publisher)

Benz, G. S. *Pediatric nursing.* 2nd ed. c1953. (from Nurses' Association)

Brown, A. F. *Medical nursing.* 2nd ed. c1952. (from Nurses' Association)

Goulding, F. A. *The practical nurse and her patient.* c1955. (from Nurses' Association)

Harmer, Bertha *Textbook of the principles and practice of nursing.* 5th ed. rev. c1955.

Howe, P. S. *Nutrition for practical nurses.* c1955. (from Nurses' Association)

Lesnik, M. J. *Nursing practice and the law.* 2nd ed. c1955. (from Nurses' Association)

Mosby's comprehensive review of nursing. 3rd ed. c1955. (from Nurses' Association)

Pillsbury, M. E. *Nursing care of communicable diseases.* 7th ed. c1952. (from Nurses' Association)

Price, A. L. *The art, science and spirit of nursing.* c1954. (from Nurses' Association)

Zabriskie, Louise *Nurses handbook of obstetrics.* 9th ed. rev. c1952. (from Nurses' Association)

Ophthalmology

Hughes, Brodie *The visual fields.* c1954. (gift of publisher)

Scobee, R. O. *Rehabilitation of a child's eyes.* 2nd ed. rev. c1955. (gift of publisher)

Thomas, C. I. *The cornea.* c1955. (gift of publisher)

Orthopedics

American Academy of Orthopaedic Surgeons *Instructional course lectures.* v.10 & 11. c1953-54.

De Palma, A. F., ed. *Clinical orthopaedics.* No. 4-6, c1954-55. (from Board of Medical Examiners)

Otorhinolaryngology

Ellis, Maxwell *Modern trends in diseases of the ear, nose and throat.* 1954.

Morrison, W. W. *Diseases of the ear, nose and throat.* 2nd ed. c1955. (gift of publisher)

Pediatrics

Hill, L. W. *The treatment of eczema in infants and children.* c1956. (gift of publisher)

Levine, S. Z., ed. *Advances in pediatrics.* v.8. c1956. (from Board of Medical Examiners)

Meyer, L. F. *Physiology and pathology of infant nutrition.* 2nd ed. rev. c1955. (gift of publisher)

Public Health

Kleinschmidt, H. E. *Public health education: its tools and procedures.* c1953. (from Nurses' Association)

Smillie, W. G. *Public Health: its promise for the future.* c1955. (from Nurses' Association)

Roentgenology

Sante, L. R. *Principles of roentgenological interpretation.* 8th ed. c1949. (gift of Dr. Florine)

Surgery

Cole, W. H., ed. *Operative technic in general surgery.* 2nd ed. c1955. (gift of publisher)

Tauber, Robert *Basic surgical skills.* c1955. (gift of publisher)

Wilder, J. R. *Atlas of general surgery.* c1955. (gift of publisher)

Urology

Barnes, R. W. *Urological practice.* c1954. (gift of publisher)

Miscellaneous

Index-catalogue . . . Surgeon General's Office. v.XI. 1955.

Quarterly cumulative index medicus. v.54. July-Dec. 1953. c1956.

Regan, L. J. *Doctor and patient and the law.* 3rd ed. c1956. (gift of publisher)

von Foerster, Heinz, ed. *Cybernetics. Trans . . . 10th conf. April 22-24, 1953.* c 1955. (gift of Josiah Macy Jr. Foundation)

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Book Reviews

Operative Technic in General Surgery.

Edited by Warren H. Cole, M.D., Second Edition, 973 pp., illustrated, Price $20.00, Appleton-Century-Crofts, Inc., 1955.

Knowing the editor, it is a foregone conclusion that this book would be practical, complete up to the time of publication, and well worth including in anyone's library. There are 67 contributors who have been well chosen as men of distinction in the field of general surgery. All phases of the conduct of the surgical case from the time the patient is first seen until the case is completed are adequately covered. Illustrations are profuse and for the most part clear and informative.

So far as I know, this is one of the most complete and well-presented one-volume treatises covering the field of general surgery. In common with all others dealing with this subject, it will no doubt soon be outmoded. This is fortunate so far as the patient's care is concerned, but makes any extensive investment in books unwise. The purchase of this book I consider to be one of the best investments a general surgeon can make.

J. E. Strode, M.D.

Textbook of Endocrinology.

Edited by Robert H. Williams, M.D., Second Edition, 776 pp., illustrated, Price $13.00, W. B. Saunders Company, 1955.

Dr. Williams and his collaborators bring up-to-date the subject matter that was presented in the first edition of this textbook. The basic theoretical and practical clinical aspects of the different endocrine glands and their hormones are well covered. Various laboratory procedures and diagnostic tests, as well as the newest hormonal preparations, are discussed.

For the average practicing physician, who does not see endocrine problems often enough to remember all the aspects of diagnosis and treatment, this is an excellent reference.

Chew Mung Lum, M.D.

Atlas of General Surgery.

By Joseph R. Wilder, M.D., 222 pp., illustrated, Price $13.50, C. V. Mosby Company, 1955.

Like many others, this Atlas briefly presents the basic surgical techniques on the more commonly encountered operations. These are portrayed in a series of well drawn line sketches and photographs with direct labelling of anatomical parts, obviating the tedious reference to legends. Each chapter is prefaced by a section entitled "Important Considerations" which are in themselves the "pearls" of the operative procedure that follows.

Like most atlases on the subject, this by Dr. Wilder should be a popular addition to a surgeon's library. It is recommended particularly to resident surgeons as a quick source of reference and review in their technical work.

George H. Nip, M.D.

The Treatment of Eczema in Infants and Children.

By Lewis Webb Hill, M.D., 79 pp., illustrated, Price $4.00, C. V. Mosby Company, 1956.

This monograph is a real delight to read. Dr. Hill describes himself as a "pediatrician and allergist." He is obviously an accomplished dermatologist as well. In addition, he knows how to write, an uncommon phenomenon in doctors. It is hard to see how anyone could read this booklet without improving his own handling of infantile eczema.

F. D. Nance, M.D.

The Dynamic Equilibrium of Body Proteins.

By George H. Whipple, M.D., 68 pp., Price $3.25, Charles C. Thomas, 1956.

This short monograph is a distillate of a tremendous amount of original thought and fundamental bichemical research in a field in which the author is one of the acknowledged leaders. The more important experiments performed in his laboratory over the past 30 years are presented. The value of more recent experiments using radio-carbon is obvious. There are important clinical implications but the monograph is based entirely on animal work and does not deal with clinical experiments. It is therefore of limited practical value to the busy practitioner.

S. R. Horio, M.D.

The Relief of Symptoms.

By Walter Modell, M.D., 450 pp., Price $8.00, W. B. Saunders Company, 1955.

Dr. Modell, clinical pharmacologist at Cornell University Medical College, has written a concise, brief resumé of the effects of many drugs in the treatment of specific symptom complexes. The discussion includes the common etiology and fundamental basis for the development of the symptom. Of great value is the evaluation of newer proprietary drugs and the comparison with known, older, time-tested mixtures.

The style of writing is quite digestible. The book is recommended especially to one who appreciates a pharmacologist with a clinical approach to common medical problems.

Allan Leong, M.D.

The Action of Insulin.

By Niels Haugaard, Ph.D. and Julian B. Marsh, M.D., 113 pp., Price $3.75, Charles C. Thomas, 1953.

For the physician who is interested in the physiological as well as clinical action of insulin and all the factors involved, this book will be very interesting. It is highly technical in places and gets into the experimental side of diabetes. It is definitely not recommended for the average physician, since there is very little which would help in clinical practice.

Morton E. Berk, M.D.

Practical Management of Disorders of the Liver, Pancreas, and Biliary Tract.

By John Russell Twiss, M.D. and Elliot Oppenheim, M.D., 653 pp., illustrated, Price $15.00, Lea & Febiger, 1955.

This book's authors have accomplished their purpose in a highly commendable manner. Treatment is prefaced by adequate sections on anatomy, physiology and chemistry. This fundamental basis for therapy is further amplified by presentation of practically every diagnostic test known.

This volume contains a wealth of material presented in a very readable manner. There is an excellent bibliography at the end of each chapter. A list of diets is also given.

This informative book is recommended to all internists, surgeons and general practitioners.

SAMUEL L. YEE, M.D.

Doctor and Patient and the Law.

By Louis J. Regan, M.D., LL.B., Third Edition, 716 pp., Price $12.50, C. V. Mosby Company, 1956.

This interesting work is a fairly comprehensive review of the medical and legal problems presented to a doctor from time to time. Its legal value to the physician is about equal to the therapeutic value of home remedies to prospective patients. While it gives the reader a comprehensive view of the problems it considers, it places the doctor in no better position to solve his legal problems than would the reading of "Gray's Anatomy" end a lawyer's need for medical attention.

THOMAS M. WADDOUPS, LL.D.

Diagnostic Standards and Classification of Tuberculosis.

1955 Edition, National Tuberculosis Association, 1955.

The revised 1955 Edition of the National Tuberculosis Association *Diagnostic Standards* again gives a multidimensional consideration of the classification of tuberculosis, pulmonary and extra-pulmonary. The discussion of selection and methods of application of diagnostic tests, such as tuberculin test, sputum examination, and roentgenographic examination, is useful.

The diagram of nomenclature for bronchi and lungs is nice to have on one's desk as x-rays are reviewed, and a lot of other concise information is also at hand in *Diagnostic Standards*.

S. E. DOOLITTLE, M.D.

Hypothermic Anesthesia.

By Robert W. Virtue, M.D., 62 pp., Price $2.50, Charles C. Thomas, 1955.

This is an excellent little book on hypothermic anesthesia. A great portion is dedicated to the history and experimental work done in that technique, leaving the reader to conclude that there is a lot more to be known about the state of "hypothermia." The physiology of hypothermia and its dangers are presented well, and the author's clinical experience and technique are outlined in a clear and practical manner. The bibliography is excellent for references in both the experimental and clinical aspects of the subject. This is an excellent book for those in anesthesia and surgery who may someday contemplate the use of hypothermic anesthesia.

CLIFFORD K. W. CHOCK, M.D.

Office Procedure.

By Paul Williamson, M.D., 412 pp., illustrated, Price $12.50, W. B. Saunders Company, 1955.

This book has a really new approach to presenting problems within the daily practice of a general practitioner. Although there might be some objections to some of the practices by older practitioners, the methods of diagnosis and treatment presented by Dr. Williamson would be of extreme value to the young general practitioner who is first starting out.

The chapters on small laboratory, x-ray and physiotherapy are also unique and a definite practical approach to these ancillary services.

I strongly recommend this book to all young practitioners.

JOHN M. FELIX, M.D.

Physiology and Pathology of Infant Nutrition.

By L. F. Meyer, M.D. and Erich Nassau, M.D., translated by Kurt Glaser, M.D. and Susanne Glaser, B.A., Second Edition, 533 pp., Price $11.50, Charles C. Thomas, 1955.

This important contribution is written in a clear readable style, concise and to the point. The discussion of physiology is at times very basic, but well worth the time necessary for review. The authors, working in Israel, have had ample opportunity to study certain pathology of nutrition that we fortunately rarely if ever see.

Anyone engaged in advising mothers pro or con regarding breast feeding who finds himself wondering if all the effort is really worthwhile, owes it to himself and his patients to read this book.

DOUGLAS H. MURRAY, M.D.

Basic Surgical Skills.

By Robert Tauber, M.D., 75 pp., illustrated, Price $3.75, W. B. Saunders Company, 1955.

This book would be excellent for junior and senior medical students as well as for interns who are not adept at knot-tying. The illustrations are wonderful and easy to follow. Should one follow instructions and also practice, the time spent will be repaid many fold later.

RICHARD S. OMURA, M.D.

Christopher's Textbook of Surgery.

Edited by Loyal Davis, M.D., Sixth Edition, 1,484 pp., illustrated, Price $15.50, W. B. Saunders Company, 1956.

The sixth edition of Christopher's Textbook has been rewritten and brought up to date with new authors, as well as chapters on Physical Medicine and Rehabilitation; Thermal and Irradiation Injuries; and Endocrinology and Metabolism in Surgical Care. One of the accomplishments of the Editor has been the preparation of biographical sketches which appear beneath the name of each contributor to this textbook, save his own.

Each contributor to this edition is authoritative in his field, and the book itself is like an encyclopedia. Medical students, internes, residents, general practitioners and surgeons would find this book quite adequate, and well covered in most respects for the intended purpose. References at the end of each chapter are very complete. On the whole the Textbook is definitely an improvement on the old.

EDWARD K. LAU, M.D.

Migraine and Periodic Headache.

By Nevil Leyton, M.A. (Cantab.), M.R.C.S., L.R.C.P., Second Edition, 128 pp., Price $2.50, William Heinemann Medical Books, Ltd., 1954.

This book has not added appreciably to my useful knowledge of this disease—a disease which has been of great interest to me for more than fifty years, since my mother and I and my daughter have all suffered from it.

After a discussion of former theories as to the causation of migraine and the reason for the pain, he quotes indirectly one Rowbotham, who I think has said all that needs to be said; that is, that there is a hereditary tendency to an unstable hypothalamus which relays impulses, either from higher centers or an abnormal substance in the blood stream, in an irregular manner.

When it comes to etiology, he divides them into two general classes: (1) those who have an endocrine disorder, in which case he supplies the necessary hormone; and (2) those who have an allergic basis but these may also have the endocrine type of migraine. When it comes to treatment, he is equally diffuse. He recommends anterior-pituitary-like hormones, such as antuitrin S; or prostigmin; or desensitization to histamine; or mecholyl-like drugs, such as carbachol, urea, bellergal, which of course contains atropine-like substances, vitamin B_2 compound, etc.

I think I have said enough to make it clear that about the only conclusion one can arrive at about migraine from this book is the paragraph quoted from Rowbotham. He fails to mention one matter which has been a great comfort to this reviewer, which is that with advancing age the attacks usually disappear.

H. L. Arnold, Sr., M.D.

Psychopathology and Education of the Brain-Injured Child.

By Alfred A. Strauss and Newell C. Kephart, 266 pp., illustrated, Price $6.00, Grune & Stratton, Inc., 1955.

Since the publication in 1947 of the first volume dealing with the "Fundamentals and Treatment of Brain-Injured Children," a tremendous change in the theory of brain functions has been seen. This book is an attempt to present concepts which have been advanced during the last few years but which are acknowledged to be far from complete or thoroughly understood. Chief emphasis in this book is placed on the brain-injured child with a normal I.Q. The reviewer found it difficult to read and assimilate and had to ask psychologists to help review those sections on psychological testing. Others not particularly interested in this field may find it even more difficult.

Y. T. Wong, M.D.

The Visual Fields.

By Brodie Hughes, M.D., 174 pp., illustrated, Price $7.25, Charles C. Thomas, 1955.

This book on visual fields does not reveal anything particularly new. It covers the subject in about the same manner as Traquair. However, it is written from the viewpoint of a neurosurgeon. The style of writing is more interesting and easier to follow than Traquair. Being a neurosurgeon, the author devotes a lot of space to the anatomy of the visual pathways. This book should be an excellent reference for any one interested in neurology, whether he be a neurosurgeon, ophthalmologist, or a clinician.

Wayne W. Wong, M.D.

Modern Nutrition in Health and Disease.

Edited by Michael G. Wohl, M.D. and Robert S. Goodhart, M.D., 1062 pp., Price $18.50, Lea & Febiger, 1955.

When I was asked to review this book, I was skeptical of its contents, for I was familiar with Dr. Wohl's first book. However, his second book presents the clinical approach to biochemistry of nutrition and diet therapy of disease, by various contributors who are authorities in their particular field. Each chapter is well integrated, and concisely presents the current trends of nutrition, which has advanced so rapidly during the past decade. The chapters on antimetabolites, dietary interrelationships, and hormonal control of metabolism and nutrition in dental medicine and in ophthalmology are interesting.

In the second section of the book a complete and comprehensive discussion of therapeutic dietary programs, with specific diets, is included. A bibliography for further reference supplements most of the chapters. The book is an excellent reference for physicians, dietitians and nutritionists.

Shizuko H. Miyamoto, M.S.

The Blood-Brain Barrier.

By Louis Bakay, M.D., 154 pp., illustrated, Price $5.50, Charles C. Thomas, 1956.

Physicians actively engaged in the basic research fields of neurophysiology, neuropharmacology and in the diagnosis of certain neurological disorders by radioactive isotopes will find this monograph a valuable addition to reference libraries. A lengthy, pertinent bibliography accompanies the thesis. The author presents his findings in a clear, concise and scholarly manner and his laboratory work is an excellent example of a scientific approach to a difficult problem. However, few clinicians will be able to apply the information advanced in this text until the complex concepts and implications of the blood-brain barrier are more clearly demonstrated.

R. G. Rigler, M.D.

Chlorpromazine and Mental Health.

Proceedings of the Symposium held under the auspices of Smith, Kline & French Laboratories, June 6, 1955 in Philadelphia, 200 pp., Price $3.00, Lea & Febiger, 1955.

The volume presents a conference of psychiatrists under the sponsorship of Smith, Kline & French Laboratories.

It contains interesting observations of the results of treatment of the more severe mental disturbances in mental hospitals. There is also some discussion of the treatment of the milder psychoneurotic disorders. It is a timely volume since it is important that all doctors familiarize themselves with the good and bad effects of Thorazine treatment. One should be on guard against the more optimistic conclusions in this volume. The side effects of pyrexia, jaundice, parkinsonism and agranulocytosis are not sufficiently highlighted or stressed. The doctor in private practice justifiably employs Thorazine medication with due caution.

This volume, in its somewhat over optimistic emphasis on the value of the therapy, is likely to lead the doctors astray, but if one recognizes this defect in the presentation, it is an interesting contribution to Thorazine literature.

J. Robert Jacobson, M.D.

(Continued on page 500)

Correspondence

Kaiser Plan—Optional

Hawaii Medical Association
Honolulu 13, Hawaii

GENTLEMEN:

This report will bring you up to date on consideration that has been given to requests from organizations representing numbers of people of Hawaii for the establishment here of a comprehensive system of prepaid medical and hospital care, and in particular, the interim findings I am making as result of a study of the question . . .*

Mr. Kaiser, as consequence of the public requests, asked me to conduct a thorough study, with special reference to evaluating the desires of doctors of Hawaii as to providing the complete medical care to health plan members in the proposed integrated medical center.

Doctors of Hawaii have been most cooperative and helpful to my studies, and through the Association, I wish to express my appreciation.

Those conclusions which probably will be of the most specific interest to you, may be briefly summarized as follows:

1. There is a definite place and demand for a total medical care program in the Islands; both from the viewpoint of the public and physicians . . .*

2. It must be recognized that through the HMSA Community Group Plan, the medical profession has made highly commendable strides in broadening the benefits of its indemnity, fee-for-service coverage.

There is every evidence of sincerity on the part of doctors of Hawaii in endeavoring to bring the people more high quality medical care.

3. Group practice has reached noteworthy development over a period of many years in Honolulu. Concepts of group practice are so advanced and successfully proven here that an evolution could readily be made to a total medical care program, with prepayment and integrated doctors offices and hospital facilities.

4. There is an interest which has been expressed to me by various island physicians in providing the proposed more comprehensive and economically sound medical care program, which would benefit both physicians and people of Hawaii.

5. It is my considered judgment that the initiative for providing an improved and additional medical care program, which still would provide free choice of plans to doctors and patients, should come from doctors of Hawaii themselves. It is their responsibility to decide their methods of practicing medicine, and their responsibility to provide means by which people can meet the costs of health care without sacrifice of quality or loss of the doctor-patient relationship.

Mr. Kaiser informs me that he is in thorough accord that the next steps in such a course of action are up to physicians of Hawaii [Emphasis added.] He states that he believes it feasible for a group of qualified doctors to conclude arrangements for the establishment of a comprehensive group practice service plan and the construction of a hospital-medical center in Honolulu. *This would be a self-contained Island project and program.* [Emphasis added.] It could set a distinct model pattern which could be carried out by other groups of doctors throughout the country.

Cooperation in the form of technical assistance and counsel on development and operations of this program is extended to the Hawaii Medical Association and to any group of physicians prepared to enter upon this kind of program.

Continuing studies appear desirable, both by doctors of Hawaii and ourselves, toward the accomplishment of the goal that we all must have deeply at heart . . . to provide more high quality medical and hospital care at costs people can afford.

FREDERICK A. PELLEGRIN, M.D.
3124 Teigland Road,
Lafayette, California.
April 23, 1956.

See editorial comment, page 464.—ED.

* Deletions approved by the author.—ED.

Correction and Amplification

Hawaii Medical Association
Honolulu

Dear Dr. Fronk:

I have before me the Centennial number of the HAWAII MEDICAL JOURNAL. I have looked in vain for a comment about the establishment of medical social service in Honolulu, during the latter half of the past century. Several programs that have been mentioned in the JOURNAL had their inception in medical social work.

I mention this omission because to-day, social casework is considered an important contributory discipline to medical practice, and readers of the JOURNAL will have among them some who may wonder why, with the great advances made over the past hundred years, there is no medical social casework in our hospitals.

MARGARET M. L. CATTON
2226 University Avenue
Honolulu 14, Hawaii
13 April 1956

TO THE EDITOR:

There is some discrepancy in your excellent historical summary of medicine in Hawaii.

The history of the Pan-Pacific Surgical Association reveals that Alexander Hume Ford and Dr. Nils P. Larsen evolved the idea of such a society from the broad general idea of a general Pan-Pacific Science Council. Dr. Larsen was chairman of this Council for five years preceding the formation of the Pan-Pacific Surgical Association. Dr. George Swift of Seattle, Washington, with Mr. Ford and Dr. Larsen, helped crystallize the founding of this outstanding society.

To Dr. F. J. Pinkerton belongs the credit for increasing the membership, particularly since the war, and for enhancing the prestige of the Pan-Pacific Surgical Association.

MORTON E. BERK, M.D.

Fetal Deaths

Hawaii Medical Association
Honolulu, T. H.

Dear Dr. Fronk:

The Territorial Commission on Children and Youth, as appointed by the Governor, has been studying the problem of illegitimacy in the Territory. In gathering material and statistics for this study, it has become apparent to the Commission that the problem is one that reaches beyond that of the unwed mothers and illegitimate births, and includes that of fetal wastage such as abortions, miscarriage, ectopic pregnancies, and stillbirths.

The Department of Health reports that although all non-viable products of conception have been reportable by law since July 1951 under Section 1, Act 92, Sessions Laws of 1951, to date the reporting has not been complete though the records are strictly confidential. As a result it is impossible to gain an accurate picture of the problem of total illegitimate pregnancies.

The Commission would like to ask that all doctors be encouraged to make accurate reports of all fetal deaths since this may be of value in many areas.

MASATO M. HASEGAWA, M.D.
Chairman, Territorial Commission on Children and Youth

April 23, 1956

Congratulations

Hawaii Medical Association
Honolulu, T. H.

Dear Dr. Fronk:

The Honolulu County Dental Society takes pleasure in congratulating the Hawaii Medical Association on its centennial celebration, denoting one-hundred years of medical progress in Hawaii.

This society is pleased to be an affiliate of the great brotherhood of medicine which has contributed so much to human comfort and welfare in its ancient and honorable history.

On behalf of the officers and members of the Honolulu County Dental Society, I wish to extend our best wishes and congratulation to the Hawaii Medical Association on this memorable occasion.

EDWARD S. KAMEI, D.D.S.
Secretary, Honolulu County Dental Society

April 22, 1956

Hawaii Medical Association
Honolulu, Oahu

Greetings:

The Hawaii Island Chamber of Commerce joins with the rest of the community in extending sincere congratulations and best wishes to your Organization on the observance of its Centennial, April 22-29.

This is, indeed, a noteworthy occasion in the life of any organization and the members of the Hawaii Medical Association can take justifiable pride in a century of real progress in the Territory's health program, and in its steady contribution to the splendid health record of Hawaii's people. This is, without a doubt, one of our "selling" points and this record can be attributed, in no small measure, to the continued interest and vigilance of our community's physicians, members of your Association, dedicated to the advancement of the Territory's welfare.

May your fine Association move steadily forward in the future and enjoy unprecedented cooperation from the people in our various Island communities.

Aloha,

CLIFFORD H. BOWMAN
President, Hawaii Island Chamber of Commerce

April 16, 1952

TO THE EDITOR:

My congratulations on the centennial number of the JOURNAL. It is a splendid job of editing and printing . . .

M. A. BLANKENHORN, M.D.
Director, American College of Physicians Study of Hospital Standards in Medicine

April 26, 1956

We are particularly glad to be commended by the author of an article (on lobar pneumonia) in our Vol. 1, No. 1.—ED.

Thanks

Hawaii Medical Association
Honolulu, Hawaii

Dear Doctor Fronk:

May I take this opportunity, on the occasion of the annual meeting of the Hawaii Medical Association to express thanks from the National Foundation for Infantile Paralysis to the society as a whole and to its individual members for their excellent cooperation with the state health department and the National Foundation in the successful conduct of the poliomyelitis vaccine demonstration program in Hawaii during 1955.

Approximately 32% of the Hawaiian children in the 5-9 age group, the age group most susceptible to paralytic poliomyelitis, obtained a high degree of protection against the disease in 1955 as a result of this program.

The cooperation of the Hawaii Medical Association helped materially to account for this fine record.

HART E. VAN RIPER, M.D.
Medical Director, National Foundation for Infantile Paralysis

April 20, 1956

Hawaii Medical Association
Honolulu, Hawaii

Dear Members:

I am attaching thank-you notices which were inserted in our two daily newspapers over the week-end.

I would like to have thanked personally, every doctor who is a member of the Association and who helped the Health Department in treating cases that come under my jurisdiction since I took office on March 18, 1955, as the City and County Physician.

Realizing that I could not do the above I resorted to the ads in the papers attached to show my appreciation for what you doctors have done in helping me in administrating the Medical Care Program of the City and County of Honolulu.

Mahalo nui loa to you all.

DAVID I. KATSUKI, M.D.
City and County Physician

April 23, 1956

HMSA—Its Place in the Community

1955—A Year of Advancement

J. R. VELTMANN, *Executive Vice-President*

On March 23, 1956, HMSA held its 18th Annual Membership meeting at 12:00 noon at Queen's Surf. The meeting was attended by 208 members from 62 groups representing over 32,176 members. In his report to the membership President Howard C. Babbitt, who had been President of HMSA for the years 1954 and 1955, stated that from the records 1955 can readily be designated "A YEAR OF ADVANCEMENT FOR HMSA."

The following are remarks from the Report of the President:

> With a tremendous net membership gain of 19,027 members for the year, HMSA advanced to the classification of "Plans over 100,000 members" among national Blue Shield Plans. The unprecedented gain in membership came from all Islands and once again verifies public confidence and acceptance of HMSA. As of December 31, 1955 the total membership was 105,562 representing over 20% of our population.
>
> Dollar-wise, HMSA advanced from a two million dollar business in 1954 to a THREE MILLION DOLLAR business last year. Significantly, practically all monies remain in the Territory of Hawaii—an indication that the Association is a definite financial factor in the island economy. General Reserves plus Reserves for Delayed Burden Inherent in Policies of the Association totalled $799,695.12, which represents 2.81 months of benefit and operating costs or approximately 94% of the minimum requirements recommended for Blue Shield Plans.
>
> By application of the most advanced methods of business administration, the HMSA staff kept the operating cost ratio at 9.2%, the lowest in the history of the Association. It is 8% lower than the operating cost ratio of 1950—just 6 years ago. Despite a membership increase of 120% over 1950, the Plan occupies the same quarters, pays the same rent, and has the same equipment in use—even the number of employees has remained rather static—in 1950 there were 55 employees, and at the end of 1955 there were 57 employees.
>
> Payments to doctors and hospitals for services rendered to HMSA members advanced to new heights in 1955, $609,604.00 higher than 1954. It represented a return of approximately 87¢ out of every dues dollar in the form of benefits—one of the highest in HMSA's history.
>
> HMSA advanced in stature as a real community service last year. It was selected by the doctors of Hawaii as the carrier for the Community Group Medical Plan. The establishment of this plan was due to the recognition by the vast majority of doctors of the growing need for the most comprehensive medical plan that could be offered to employee groups, priced within the ability of the people to pay. This plan received immediate public acceptance and between June 1 and December 31 over 25,000 members had been enrolled.
>
> Simultaneously, HMSA offered its Major Medical Expense Rider, which provides coverage up to $5,000.00 for catastrophic illnesses.
>
> Having attained financial and administrative stability, and with continued doctor support of the Community Group Medical Plan, HMSA is prepared to meet the challenges of 1956 with confidence. Through HMSA, Hawaii is ready to offer the type of plan requested by the Federal Government and all other requests for comprehensive coverage.
>
> Locally, employers are realizing more and more that financial burdens on their employees as the result of illnesses in the family affect work production of the employee, and are including medical plan coverage as a part of employee benefits by paying a portion of monthly dues for the employee.
>
> One of the major projects scheduled for 1956 by the HMSA staff is membership education on the real value of HMSA protection. Each year HMSA reviews group experience, and where the experience has been unusually high, group leaders or employers have requested HMSA representatives to review the plan with the employees for a better understanding of their benefits. It has been found that in groups where the members have been personally indoctrinated about their HMSA plan, the claims experience has been satisfactory. There is a possibility that without a full understanding of the cooperative spirit of a group medical plan, there may have been unnecessary demand for services by members, such as requests to remain in the hospital beyond the period deemed necessary by the physician, or returning to the doctor's office for more visits than are required. Such requests may appear innocuous, but they can have a major financial impact on the Association and ultimately mean a higher monthly premium to carry the benefits offered. We believe that with the proper education such requests will be minimized. HMSA looks to its group leaders, physicians and their staffs, and hospitals and their admission personnel to assist in this membership education program. From time to time informative bulletins will be circularized and seminars will be conducted for doctor and hospital personnel. In time of need, the true value of HMSA coverage can be realized. According to the records, HMSA paid more than 300 individual claims in excess of $500.00 each for doctor and hospital services during 1955. The largest single claim totalled $2,425.00 for a heart condition, followed by $1,927.00 for a fractured thigh and $1,736.00 for sur-

(*Continued on page 500*)

County Society Reports

Hawaii

The Hawaii County Medical Society dinner meeting was held on January 12, 1956 at the Ocean View Club. There was an excellent turn-out for the meeting, thirty members being present. Guests were Doctors Walter Quisenberry and Robert Faus of Honolulu, Messrs. Albert Yuen and James Carroll representing HMSA, and Doctors Moonfell, Ishoda and Riklon, Hilo Memorial Hospital interns.

Dr. Quisenberry presented an excellent movie on "Tumors of Childhood" which he prefaced with a short discussion on this topic. An interesting discussion period followed.

Dr. Faus and Mr. Yuen then took the floor. They presented the considerable discrepancy which exists between the island of Hawaii and the other three major islands as regard to the Community Group Medical Plan. This island is the only one costing HMSA more than the amount in premiums received. Several mitigating circumstances for this excessive cost were presented but it was apparent that further efforts by the patient and doctor to keep payments by HMSA to a lower level would be necessary. Considerable discussion of various aspects of this problem followed. Some of this discussion centered around possible changes in premiums or benefits if no reduction in cost to HMSA should occur during the next several months.

* * *

The Hawaii County Medical Society dinner meeting was held on March 1, 1956, at the Naniloa Hotel. Twenty-two members were present. Guests were Doctors J. C. Wang from Honolulu and Ishoda of Hilo Memorial Hospital.

Dr. Theodore Oto, President, called the business meeting to order, and the following business was transacted:

The applications of Dr. Walter Griggs of Paauilo for direct membership, and Dr. L. G. van Loon of Holualoa for membership by transfer from Berks County, Pennsylvania, were acted upon. By unanimous vote, they were both accepted into membership.

Dr. J. C. Wang, medical physicist and radiologist at the Queen's Hospital, Honolulu, presented an excellent talk on Radio-Isotope Procedures. This was followed by a very lively and interested question and answer session. We were greatly helped by this talk in our understanding of this important addition to diagnostic and therapeutic facilities in the Territory.

James A. Mitchel, M.D.
Secretary

Honolulu

A special meeting of the Honolulu County Medical Society was held Tuesday, February 21, 1956 at 7:30 in the Mabel Smyth Auditorium for the purpose of clarifying many points concerning HMSA and its operations in view of the apparent rift developing in the Medical Society between participating physicians and non-participating physicians.

The members were asked to air their views on any subject relative to the following four points: (1) all phases of the operations of HMSA and its plans-doctor relationships, (2) any rumors that have been circulated and any questions asked concerning HMSA, (3) an expression of confidence or non-confidence in HMSA, and (4) an opinion concerning the relationship between HMSA and participating and non-participating physicians.

A lengthy discussion for and against the Community Group Plan followed. Representatives of HMSA who were invited to participate in the discussion and to answer any questions concerning the operations of HMSA were Mr. Howard Babbitt, President, Mr. Joe Veltmann, Executive Vice President, Mr. Albert Yuen, Assistant Secretary and Mr. Hugh Howell, Treasurer. A lively question and answer period followed.

Acting upon a motion made earlier in the evening that "An impartial committee should be appointed by the President to invite testimony from all interested parties, to reevaluate the entire structure of HMSA and its present policies, as they may affect the future practice of medicine in the community, and ultimately to report to the Society its findings with mature recommendations for proper action," Dr. Felix announced that he would nominate the committee tonight with the approval of the membership. The following doctors were appointed: Dr. Richard D. Moore, chairman, Drs. L. A. R. Gaspar, Ellsworth Harris, T. Nishigaya and Samuel Yee. The motion was then voted on and carried.

Unfinished business with regard to the honoring of assignments by HMSA from patients of non-participating physicians was removed from the table. A motion "that we support the recommendation of the HMSA Medical Committee that such assignments be honored" was carried with one dissenting vote. The chair announced that the passage of this motion indicated that no change was necessary in HMSA's contract with respect to honoring assignments.

A matter which concerned the expiration date of the Community Group Plan was left up to the newly appointed committee's recommendations. A decision will then be made at a regular meeting following a report from this special committee.

There being no further business, the meeting adjourned to the lanai for refreshments.

* * *

The March meeting of the Honolulu County Medical Society was held in conjunction with the Regional Meeting of the American College of Physicians, Territory of Hawaii. There were approximately 70 members and guests present.

In the absence of Dr. J. M. Felix, Dr. T. Nishigaya opened the meeting and then turned the gavel over to Dr. Nils P. Larsen, A.C.P. Governor for Hawaii, who introduced the guest speakers: They were Major Chapel E. Carter, Surgeon, Pacific Division, MATS, who spoke on "Problems of Air Evacuation of Patients in the Pacific" and Dr. George F. Strong, F.A.C.P., Vancouver, President of The American College of Physicians, who presented a short address.

No business meeting was held. Refreshments were enjoyed by all in the lanai.

* * *

The regular monthly meeting of the Honolulu County Medical Society was held Tuesday, April 3, 1956 at 7:30 P. M. in the Mabel Smyth Auditorium. Dr. J. M. Felix presided and approximately 85 members and guests were present.

The scientific program included a 25 minute movie entitled "Resuscitation of the Heart" by Dr. Claude Beck, presented through the courtesy of Mr. Petersen, Squibb & Sons. Mr. George Kellerman, Bishop Trust Company, spoke on "Investment Tips for the Professional Man." Dr. John P. Davis, Santa Ana, California, presented an interesting paper entitled, "Postoperative Care of the Urinary Tract Following Major Abdominal Surgery."

New members who were welcomed into the Society were Drs. J. I. F. Reppun, Charles S. Brown, Richard K. C. Chang, Kenneth O. Ching, and two new associates, Drs. Ralph E. Fielding and Edward B. Wallace.

The following resolution in memory of Dr. Frank S. Lee was read and accepted by a unanimous standing vote:

> Frank S. Lee's death on March 24, 1956 marked the end of the career of a splendid doctor of medicine.
>
> Dr. Lee was born on June 19, 1905 in Honolulu, Hawaii, and was the son of Mr. and Mrs. Lee Let, pioneer Chinese merchants. Frank spent his boyhood in Honolulu and graduated from St. Louis High School in 1927. In his desire to study on the mainland he journeyed to the East for undergraduate work and attended the University of West Virginia where he completed his first two years of medicine.
>
> Frank was a wanderer and did not care to remain in one spot for long. It was not very long before he transferred to Louisiana State University for another year of medicine. Finally he went all the way to Shanghai, China, to enroll in St. John's University, an affiliate of the University of Pennsylvania, from which he received his degree of Doctor of Medicine in 1938.
>
> Dr. Lee returned to Honolulu to serve a short time as an assistant resident at Queen's Hospital. Upon receiving his license to practice in Hawaii in 1938, he immediately moved to Wailuku, Maui, where he spent eight years in the general practice of medicine. Destined to move again, Dr. Lee returned to Honolulu in 1946 and opened his office with the Nuuanu Clinic until his death.
>
> Dr. Lee is survived by his wife, Mrs. Eleanor Oi Ching Lee and three sons, Adrian, Douglas and Randall.
>
> Dr. Lee was a staff member of all the local hospitals and held memberships in the Honolulu County Medical Society, the Hawaii Medical Association and the American Medical Association. Frank will be greatly missed by friends and colleagues as well.
>
> WHEREAS, Dr. Frank S. Lee was a member in good standing of the Honolulu County Medical Society and loyal to the principles of the practice of medicine and surgery; and
>
> WHEREAS, His death comes at an untimely moment in a fruitful life; now therefore
>
> *Be it resolved,* That the Honolulu County Medical Society mourn the passing of a friend and colleague and desires that this memorial be spread upon the minutes of this Society, and that a copy thereof be sent to his widow, Mrs. Eleanor Lee.

A letter from J. R. Veltmann of HMSA was read informing the Society of the election of Drs. John P. Frazer, Andrew L. Morgan and F. D. Nance to the Board of Directors of HMSA for a period of two years.

Progress reports submitted by the Medical Care Plans Committee and the Special Public Health Survey Committee were read and placed on file. Dr. Felix explained that the latter committee was appointed by him at the request of the Board of Governors after receiving and reviewing a letter from the Radiological Society.

It was announced that the Fee Survey Summary Questionnaire would be distributed to the membership within a week. The doctors were requested to read over very carefully the introductory pages of the questionnaire and to list fees for just those procedures which they themselves do.

Dr. Felix reported that a special meeting was held with representatives from the Board of Health and several drug houses to discuss the shortage of polio vaccine. He briefly went over the method of distribution as was reviewed by Dr. Bernstein at this meeting and mentioned that an increasing demand and greater confidence in the use of the vaccine by the doctors has accounted for the decrease in supply resulting in the present shortage. He reminded the doctors that the priority group is still the same but will probably be extended as soon as more vaccine is available. He also asked that all doctors refrain from using the vaccine for the third shot until the shortage is ended.

Amendments to the Constitution and By-Laws were approved with the exception of one amendment which stated that "The President-Elect, Secretary and Treasurer shall be elected by a majority vote, while election to all other offices shall be by a plurality," was amended to read, "That all elections shall be by a majority vote." It was referred to the Board of Governors for further consideration.

To insure doctor representation at all HMSA meetings, a change in the HMSA By-Laws was effected to provide for alternate directors from the island of Oahu. A request from HMSA for the Honolulu County Medical Society to designate four alternates, received and approved at the last Board of Governors meeting, was at Dr. Felix's request given unanimous membership approval, so that he could turn the matter over to the Constitution and By-Laws Committee for the necessary amendments to our By-Laws.

There being no further business, the meeting adjourned to the lanai for refreshments.

R. T. WEST, M.D.
Secretary

Maui

After a pre-dinner conference in the Central Maui Memorial Hospital Nurses' quarters and a delicious dinner in the hospital dining room, the special meeting of February 14, 1956 was called to order at 8:20 P.M. in the hospital library. Members present at dinner were Doctors Underwood, Sanders, Rockett, Wong, McArthur, Otsuka, Ferkany, Moran, Totherow, Tong, Kashiwa, Kanda, and Fleming. There were three guests representing the HMSA, namely, Mrs. James and Messrs. Yuen and Veltmann. Three additional members who arrived after dinner were Doctors Patterson, H. Kushi and Burden.

Dr. Rockett turned the program over to Mr. Veltmann, the HMSA representative. By graphs and figures Mr. Veltmann showed that the position of HMSA on Maui was "good."

* * *

On February 19, 1956, the Maui County Medical Society combined its regular meeting with a breakfast meeting at the Puunene Club at which Doctors G. C. Freeman and Ransom Arthur were the guest speakers. Members present were Doctors Rockett, Moran, Underwood, Burden, Wong, Patterson, Ohata, McArthur, Kanda, Kashiwa, Fleming, Sanders, Otsuka and Izumi. (There were 13 at breakfast.)

Dr. Rockett, President, called the meeting to order at 8:50 A.M. He reported to those present that Hawaiian Commercial & Sugar Company, Wailuku Sugar Company, and Maui Pineapple Company have decided to hire Dr. Alexander O. Haff as their radiologist with the Maui Cancer Society augmenting the salary to bring it up to a predetermined figure. Much discussion ensued and finally Dr. Patterson moved and Dr. McArthur seconded that "the Maui County Medical Society approve

the action of the Maui Cancer Society in subsidizing a part of Dr. Haff's salary." The motion was passed although not unanimously.

The next item of business coming up required that a letter be written by the Society secretary to the HMSA asking that their constitution be revised to give Maui's second alternate representative to their meetings a vote when he happens to be there. A motion to that effect was made by Dr. Wong and seconded by Dr. Underwood. This was passed.

There being no further business, Dr. Rockett introduced Dr. Freeman, a surgeon, and Dr. Arthur, a pediatrician from Honolulu, who shared some of their knowledge with us. The topic of their discussion was "Surgery in Infancy and Childhood." Pre- and post-operative care were discussed in detail and then the more common surgical procedures were described from the upper end of the alimentary canal to the distal end.

* * *

Members present at the pre-dinner conference were Doctors McArthur, Patterson, Harold Kushi, Tompkins, Rockett, Kashiwa, Cole, Sanders, Kanda, Izumi, Moran, Burden and Fleming, while Dr. Clarence Fronk, President of the Hawaii Medical Association and the guest for the evening, entertained those present with observations of Africa.

The formal annual meeting was called to order in the Central Maui Memorial Hospital Library at 8:15 p.m., March 20, 1956, by the President, Dr. Rockett, following a delicious dinner in the Hospital dining room.

Because contact with Dr. Dean Archer had been severed for over a year, Dr. Burden moved and Dr. Tompkins seconded that Dr. Archer be dropped from the Maui County Medical Society roster. Motion was passed unanimously.

Dr. Kanda, chairman of the Nominating Committee reported on the nominations made by that committee. They were:

President, Dr. J. F. Fleming; Vice President, Dr. J. E. Ferkany, Secretary-Treasurer, Dr. M. Tofukuji.

Dr. Sanders quickly moved and Dr. Ohata seconded that nominations be closed and that the Secretary be instructed to cast a unanimous vote for each of the nominees. Passed.

Dr. Rockett and Dr. Burden were elected as Delegates for 1956. Dr. McArthur moved that the President be given authority and responsibility to appoint the alternate Delegate. The President appointed Dr. Tofukuji.

The President, Dr. Rockett, made a very short farewell speech. The brevity was appreciated by all present.

Dr. Wong gave a short report on the last HMSA meeting and the general programs of the HMSA Community Plan. He mentioned that the HMSA was working on a new fee schedule. Dr. Tong reported that Dr. Sloan is coming to Maui in the very near future.

The meeting was then turned over to Dr. Fronk, the President of the Hawaii Medical Association. He explained some of the difficulties that the HMSA was having and how they expect to resolve themselves in time.

He explained the plans for the Centennial Celebration to be held in Honolulu in April. He expects about a thousand doctors. Dr. Fronk terminated his talk with several observations he made on his African trip. He kindled a spark of enthusiasm in those with an adventuresome spirit.

James F. Fleming, M.D.
Secretary

Kauai

The regular monthly meeting of the Kauai County Medical Society was called to order on February 7, 1956, at 7:30 p.m. in the G. N. Wilcox Memorial Hospital library by the President. Members present: Drs. Boyden, Brennecke, Cockett, Fujii, Goodhue, Ishii, Kim, Kuhlman, Masunaga, Wade, Wallis and Schilling.

Prior to the meeting, Mrs. Kawahara and Mr. Tate Robinson, from the DPI, presented for information a program of part-time tutoring financed by the DPI, that was available for students who were hospitalized; or at home for varying periods of time due to illness. This also included home-to-school telephone service in certain cases. The service is also available for girls who became pregnant during this school term.

Dr. Louise Howe discussed the method of reporting their findings on the children examined for the various doctors on Kauai and distributed a summary of their findings to all doctors except children examined from Hanapepe and Kapaa areas.

It was moved and passed to assess each member $10.00 to be paid to the Hawaii Visitors Bureau, Kauai Branch; and the secretary was instructed to write Dr. Fronk that we wish to continue our contributing to Kauai rather than on the Territorial level. Assessment to be included in billing for 1956—57.

Dr. Cockett presented two problems to the Society which were troubling the Wilcox Memorial Hospital staff: examination for sobriety, and ambulance service.

After a rather extended discussion, since the problem was not Island wide, both matters were referred back to the Executive Committee of the Wilcox Memorial Hospital.

Burt O. Wade, M.D.
Secretary

* * *

The regular monthly meeting of the Kauai County Medical Society was called to order on Tuesday, March 6, 1956, at 7:30 P.M. in the G. N. Wilcox Memorial Hospital library by the Vice President. Members present: Drs. Cockett, Goodhue, Ishii, Kim, Kuhlman, Kuhns, Masunaga, Brennecke, Wade, Wallis, Fujii, and Schilling. Guests: Dr. Fronk, Mr. Joe R. Veltmann.

Memorandum received from Director of Kauai Pregnancy Study asking private physicians to refer children with defects uncovered by Pregnancy Study to Crippled Children's Bureau Clinics.

Election of officers:

President	K. Kuhlman, M.D.
Vice President	B. O. Wade, M.D.
Secretary-Treasurer	S. Schilling, M.D.
Delegate	P. Kim, M.D.
Alternate Delegate	P. M. Cockett, M.D.
Censor, 3 years	W. Boyden, M.D.

Program: Dr. Fronk discussed the HTMA Centennial Convention, HMSA, and insurance examinations by private physicians.

Mr. Veltmann suggested that a second alternate representing KCMS at HMSA board would be desirable. Dr. Boyden moved that one be nominated by the president. Seconded by Dr. Wallis and carried. Mr. Veltmann reported on HMSA 1955 operations.

Stanley Schilling, M.D.
Secretary

Notes and News

This column is written for your information and entertainment about your professional, scientific, and social accomplishments. If you have any newsworthy items, kindly phone the News Editor, Dr. W. J. Holmes, or his secretary at 6-2105, or mail them to 280 Young Hotel Building.

New Offices

Dr. Jack C. Fitzpatrick announces the removal of his office to the Kailua office of the Medical Group, 539 Kailua Road.

Dr. John Sedgwick, Jr., announces the removal of his office to Room 209, Kailua Shopping Center.

Dr. Pershing Lo announces the removal of his office to the second floor of the Central Medical Building, 1531 South Beretania Street.

Dr. A. Leslie Vasconcellos announces the removal of his office to 1018 Keeaumoku Street.

Dr. C. S. Brown announces the opening of his offices at 305 Royal Hawaiian Avenue with practice limited to internal medicine.

Dr. J. I. F. Reppun is now associated with the Fronk Clinic in Kaneohe.

Dr. N. M. Scully announces his association with **Drs. Dickson, Cushnie,** and **Chung-Hoon,** Suite 238 Alexander Young Building. Practice limited to general and thoracic surgery.

Drs. Thomas S. Min and **Allen Leong** announce the removal of their offices to 1163 South Beretania Street. Practice limited to internal medicine.

Dr. H. James Lambert, Jr., announces his association with the Straub Clinic. Practice limited to obstetrics and gynecology.

Dr. William S. Ito announces the removal of his offices to 201 Continental Building, South King at Kalakaua.

Dr. Warren L. H. Wong announces the removal of his office to the Continental Building, South King and Kalakaua.

New Officers

Dr. Lyle Bachman was elected Chief of Staff for Kapiolani Maternity and Gynecological Hospital.

Dr. Morton Berk was re-elected President of the Hawaii Heart Association.

Dr. Thomas Fujiwara was elected President of the Hawaii Cancer Society.

New Doctor

Dr. Christopher Bull, formerly of Keesville, New York, joined the staff of the Territorial Hospital. Dr. Bull is a graduate of Cornell University and Cornell Medical College.

Travelers . . .

. . . to California

Dr. Robert Kimmich and **Dr. Y. T. Wong** attended a work conference on vocational rehabilitation sponsored by the Department of Health, Education, and Welfare.

WILLIAM O. FRENCH
1895 - 1956

Dr. French was born in Topeka, Kansas on May 6, 1895; he passed away on April 11, 1956.

He enlisted in the United States Army 1917-19 and spent one year in France. He was in the United States Army Reserve from 1924-25, regular Army from 1926-28 and National Guard from 1928-32.

Dr. French received his M.D. degree from Stanford Medical School in 1926. He interned at the Letterman General Hospital and had residencies at the Army Medical School and Army Medical Field Training School. He was a Fellow of the A.M.A. and the American Society of Tropical Medicine, and a member of the Society of the Sigma Xi.

I first remember Bill French as a busy, friendly internist who had a great many patients in the hospital and who was always cheerful with them and the house staff. I really got to know Bill, though, when the Hawaii Heart Association was started in 1948. This organization greatly interested him. He gave much of his time and effort toward those early days. He brought to its Board of Trustees such high caliber men as Esmund Parker, Herman Luis and Harold Dahlquist. On many occasions, his home was the meeting place of the Board of Trustees or for a large reception, such as that held for Dr. W. S. Middleton during his most recent visit under the auspices of the Heart Association.

Bill was a hard-working man who will be greatly missed by his patients, his friends and his professional colleagues.

A. S. Hartwell, M.D.

. . . to the Orient, Africa, and Europe

Dr. and Mrs. Steele Stewart have Victoria Falls, Lake Tanganyika, and Leopoldville in Africa on their two year itinerary, which will also include the Orient and Europe.

. . . to Europe

Dr. and Mrs. Douglas Murray are leaving for Italy, Switzerland, Austria, Germany, and the Scandinavian countries.

Speakers

Dr. A. C. Connor addressed the Nurses' Association, District of Oahu, on mentally retarded children.

Dr. Walter B. Quisenberry addressed the same group on the subject of cancer.

Dr. E. W. Haertig spoke before the Territorial Fire Safety Conference on the subject of "Why Children Set Fires."

Dr. John R. Rogers discussed emotional aspects of the pre- and post-operative patient before the Association of Operating Room Nurses of Oahu.

FRANK L. PUTMAN, M.D.
1873 - 1956

Hawaii's pioneer dermatologist, Dr. Frank L. Putman, died in Honolulu February 11, 1956, after a prolonged illness. A Fellow of the American College of Surgeons, and a former plantation physician, he took postgraduate work in dermatology and limited his practice to that field for nearly thirty years prior to his final illness.

Dr. Putman was born in Colusa, California, October 7, 1873, the son of F. M. and Martha Jane (Alexander) Putman. He taught school in San Francisco while attending medical classes at the University of California, where he obtained his M.D. degree in 1902. The following year he came to Hawaii, where he worked as relief physician at Kealia and later as chief physician at Lihue Plantation. He subsequently was associated in practice in Honolulu with the late Dr. A. G. Hodgins, for several years.

He was married to Violet Damon in Honolulu on November 23, 1909, and they have a daughter, Geraldine Putman Clark, and two grandsons.

He had active duty with the Army during World War I as a Major in the U. S. Army Medical Corps Reserve.

He was a charter member of the Hawaii Dermatological Society, in 1943, but was not well enough in his remaining years of practice to participate actively in meetings. He took pride in his familiarity with foreign languages, and one of his favorite reference works was *La Nouvelle Pratique Dermatologique,* an eight-volume set which he presented to a younger colleague in Honolulu shortly after he had retired from practice in 1951.

Dr. Putman served on committees of the Hawaii Territorial Medical Association, and was President of the Association in 1921.

HARRY L. ARNOLD, JR., M.D.

Dr. Richard K. C. Lee was principal speaker at the annual meeting of the Honolulu Chapter of the National Foundation of Infantile Paralysis.

Dr. O. Spurgeon English of Philadelphia, spoke at the public lecture sponsored by the Mental Health Association of Hawaii on "More Mental Health for Our School Children—What It Means and How It May Be Achieved."

Dr. Ancel Keys of the University of Minnesota addressed the Hawaii Dietetic Association on diet and coronary heart disease.

Dr. Thomas Min participated in a panel discussion on the "Effects of Overweight on the Heart" before members of the YWCA.

Dr. George F. Strong of Vancouver, B. C., President of American College of Physicians, discussed cardiovascular diseases at the first Regional Meeting in Honolulu sponsored by the Hawaii Chapter of the organization.

Dr. Laurence H. Snyder of Oklahoma discussed "Heredity and Modern Life" in a lecture sponsored by the Hawaii Medical Association, the Hawaiian Academy of Sciences, and the Hawaii Chapter of Sigma Xi.

Winner . . .

. . . of a golf tournament

Dr. L. A. R. Gaspar captured the Oahu Country Club's March Sweepstakes.

. . . of a bride

Dr. Charles Sheldon Judd, Jr., was married to Miss Mary Julia Stacey on February 18, 1956.

. . . of a St. Patrick's Day baby

Dr. and Mrs. Philip Arthur became the proud parents of a daughter, Mary Patricia, born on March 17, 1956.

Mainland physician with Hawaii license desires association with Oahu or Maui physician or group. Prefer Internal and Geriatric Medicine.

E. V. Avakian, M.D.
1717 Taylor St., Hood River, Oregon

NEWS

Geographic Pathologists

The International Society of Geographical Pathology with head offices at Basle, Switzerland, suggested that a small group of physicians and non-medical persons interested in geographic pathology or medical geography form a local committee in Hawaii.

The object of this Society is to study the relationship which may exist between diseases and the geographical environment in which they occur.

As a rule the Society organizes a conference every third year. The subject for discussion is chosen three years in advance by the general assembly. The next conference will meet in Paris on July 9 to 12, 1957. The subject is "Geographical Pathology of Gastro-Duodenal Ulcer."

Those interested in this organization may get further particulars from Dr. William John Holmes, Alexander Young Building, Honolulu.

Physical Medicine and Rehabilitation

The 34th annual scientific and clinical session of the American Congress of Physical Medicine and Rehabilitation will be held September 9-14, 1956 inclusive, at The Ambassador, Atlantic City, N. J.

Full information may be obtained by writing to the executive secretary, Dorothea C. Augustin, American Congress of Physical Medicine and Rehabilitation, 30 North Michigan Avenue, Chicago 2, Illinois.

Umi Makahiki I Hala*

Honolulu County Medical Society

The Annual Meeting of the Honolulu County Medical Society was held on April 5, 1946, in the Mabel Smyth Auditorium.

The following were unanimously elected to office:

President	**H. E. Bowles**
Vice President	**H. C. Gotshalk**
Corresponding Secretary	**H. L. Arnold, Jr.**
Recording Secretary	**S. L. Yee**
Treasurer	**J. W. Devereux**

Personals

The Medical Group has announced the addition of **Dr. Robert Hunter,** of Mt. Sterling, Kentucky, who specializes in obstetrics and gynecology, and of **Dr. Kyril B. Conger,** of Ann Arbor, Michigan, specializing in urology.

Dr. Frank Hatlelid has joined the staff of the Waialua Plantation hospital after his recent discharge from the Army Medical Corps.

Dr. William A. Myers has been added to the staff of The Clinic in their pediatrics section. He was previously in the Navy at Pearl Harbor.

Dr. Laurence M. Wiig, formerly on Molokai and Maui, has opened his office in the Young Building, Honolulu, for the practice of general surgery.

Dr. Robert Katsuki has reopened his office in Honolulu after being discharged from the Army Medical Corps.

Dr. Y. Uyehara has opened his office in Honolulu.

The St. Francis Hospital has opened its new $600,000 wing with formal ceremonies on February 17.

Dr. Rodney T. West, formerly Commander, USNR, is temporarily associated with The Clinic.

Dr. Y. P. Chang, previously located on Kauai, has joined the staff of the Chang Clinic in Honolulu.

A new wing to Kapiolani Maternity Hospital, Honolulu, was opened in March, providing about $600,000 in improvements and additions.

A number of changes have occurred in the interne and resident staffs at The Queen's Hospital with **Dr. Edward Hornick** and **Dr. John Chalmers** reporting to Ft. Douglas, Utah, for duty in the Army; **Dr. James Marnie** is temporarily at Puunene Hospital, Maui, awaiting his orders to the Army, as is **Dr. Donald Robinson** while at Olaa, Hawaii. **Dr. James Hearn** and **Dr. Robert Craig** have terminated their interneships and are awaiting orders to the Army. **Dr. Vernon Caver** has been commissioned a Lieutenant (j.g.) and assigned to Aiea Naval Hospital.

The new internes at Queen's and their respective medical schools are: **Drs. Dean L. Bunderson,** U. of Chicago; **George M. Ewing** and **Jack M. Martt,** Washington U. of St. Louis; **John L. Perry,** Louisville Medical School; **Scott C. Brainard,** Medical College of Virginia, and **Oscar Thorp,** University of Virginia.

* Ten years ago. From Volume 5, Number 5, May-June, 1946.

Please Take Two

The financial experiences of magazines with as small a "sworn paid subscription" list as ours are generally describable as "woes." Ours haven't been—partly because of good management by Mrs. Bennett, our Managing Editor, and partly because of kind treatment by our printers, the Honolulu Star-Bulletin, who haven't increased our printing costs for the past four years.

Now they must increase them, by amounts ranging from roughly 5 to 40 per cent in various departments of the operation. We must increase our income to meet this, or be subsidized out of your dues.

We could reduce costs a little by decreasing the amount of material published—and we will do this, too, if you who read the magazine would like to see us dispense with any particular portion of it. Savings here are limited, though, by the necessity of having about as much printed matter as advertising—a Post Office regulation.

The happiest solution would be an increase in circulation, which would lead, if large enough, to an increase in advertising rates and a substantial rise in our income. A subscription to the JOURNAL doesn't cost much—just $2 a year—and maybe your office nurse (if she doesn't get it) or a mainland medical friend, or your father-in-law, or your medical fraternity's library would like to get it. Your wife, as a member of the Auxiliary, should have a subscription at home, too. If you'd all take one additional subscription we'd get into a higher advertising rate bracket and probably clear these imminent expenses nicely.

They're not very large. Won't you take two?

DRAMAMINE® IN VERTIGO

Notes on the Diagnosis and Management of "Dizziness"

III. Ménière's Syndrome





1. Paroxysmal Whirling Vertigo. *This consists of sudden attacks of dizziness, often when the patient is at rest or asleep. The patient may feel that he himself is whirling or that fixed objects about him are whirling. The attack usually lasts for a few minutes; occasionally it is severe for weeks or subacute for months.*



2. Subtotal Hearing Loss. *Deafness will usually affect the high tones and it may be unilateral or bilateral. Sometimes the hearing loss is severe and also progressive.*

3. Tinnitus. *This is usually unilateral and present in the ear with greater hearing loss and is without a definite pattern.*



Fewer diagnostic errors[1] will result if a "triad of symptoms" is required of patients with suspected Ménière's syndrome. These are the symptoms of typical Ménière's syndrome:

1. Severe paroxysmal vertigo which may be of two types; either the patient feels that he is whirling or that objects about him are whirling.
2. Fluctuating subtotal hearing loss, usually affecting the higher tones, is noted at the same time as vertigo.
3. Tinnitus, usually unilateral, is associated with the deafness and dizziness.

With Ménière's syndrome there is no definite localization[2] by the Bárány (vestibular reaction) test and results of the caloric test are not diagnostic. Physical examination should rule out disease of the central nervous or cardiovascular systems before a diagnosis is made.

"Treatment with Dramamine®. . . is effective[3] in aborting and preventing attacks of Ménière's syndrome . . . will prevent or arrest attacks of vertigo. It will also reduce the intensity of the tinnitus and so may save some of the hearing in the affected ear."

Dramamine is recommended for Ménière's syndrome as the sole therapy or in combination with other treatment programs.

It is a therapeutic standard also for motion sickness and is useful for relief of nausea and vomiting of radiation sickness and fenestration procedures.

Dramamine (brand of dimenhydrinate) is supplied in tablets (50 mg.); Supposicones® (100 mg.); ampuls (250 mg.); liquid (12.5 mg. in each 4 cc.). G. D. Searle & Co., Research in the Service of Medicine.

1. DeWeese, D. D.: Symposium: Medical Management of Dizziness. The Importance of Accurate Diagnosis, Tr. Am. Acad. Ophth. *58*:694 (Sept.-Oct.) 1954.
2. Jackson, C., and Jackson, C. L. (editors): Diseases of the Nose, Throat, and Ear, Philadelphia, W. B. Saunders Company, 1945, pp. 368; 414.
3. Queries and Minor Notes: Ménière's Syndrome, J.A.M.A., *141*:500 (Oct. 15) 1949.

A new edition of "Dramamine Reviews and Abstracts," containing digests of more than 100 recent articles, is available on request to . . . SEARLE P. O. Box 5110, B Chicago 80, Illinois


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INTER-ISLAND NURSES' BULLETIN

Official Publication of the Nurses' Association, Territory of Hawaii

MRS. OLIVE C. PRIDGEN, *Executive Secretary,* Honolulu

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PRESIDENT'S MESSAGE

Few of us, perhaps, have read the first book on our profession by the founder of modern nursing. Florence Nightingale's "Notes on Nursing: What It Is and What It Is Not" was published in 1859.[1] There is much in it with which we may not agree today. We may smile as we read some of the comments that seem to belittle members of the masculine world. However, we cannot help but find much evidence of common sense and sincerity of purpose in it. Although this little book was published almost a century ago, we can still learn many lessons from it.

Miss Nightingale has this to say about being "in charge":

> How few men, or even women, understand, either in great or in little things, what is the being "in charge" . . . From the most colossal calamities, down to the most trifling accidents, results are often traced . . . to want of some one in charge . . . To be "in charge" is certainly not only to carry out the proper measures yourself but to see that every one else does so too; to see that no one either wilfully or ignorantly thwarts or prevents such measures. It is neither to do everything yourself nor to appoint a number of people to each duty, but to ensure that each does that duty to which he is appointed . . .[2]

Knowing to what extent she is "in charge" and how to be "in charge" are of primary importance to the modern professional nurse. Nursing care has become extremely complex. Many new workers with varying degrees of knowledge and skill have been added to the field of nursing. The professional nurse, no matter what her level may be, must assume her proper share of responsibility in seeing that these workers render safe and effective nursing care. Nurses working together on committees to define functions, standards, and qualifications for practice in their respective areas can do much to clarify thinking regarding situations in which they are really "in charge." They will also acquire a greater appreciation of their responsibilities in the community.

We, as professional nurses, have important services to render. We can do no better than to follow Florence Nightingale's advice when she tells us to "go your way straight to God's work, in simplicity and singleness of heart." [3]

SISTER MARY ALBERT, *President*
Nurses' Association, T. H.

[1] A facsimile of this first edition has been printed by Edward Stern & Company.

[2] Florence Nightingale, "Notes on Nursing: What It Is and What Is Not," Philadelphia, Edward Stern & Company, 1946, p. 24.

[3] Ibid, p. 76.

OAHU NURSE OF THE MONTH— JAMES CHINN, R.N.

We feel that the choice for "Nurse of the Month" should go to James Chinn, R.N., who is Head Nurse of the Territorial Hospital Insulin Unit. Mr. Chinn is the first of the three male registered nurses in the Territory (License No. 454.). He has been chosen not because he was the first male registered nurse but because the development of psychiatric nursing in the Territory can be traced through his 31 years of service with mentally ill patients in the Territory.

After graduating from the St. Helena Sanitarium and Training School for Nurses in 1923, Mr. Chinn returned to Hawaii to do private duty



MR. CHINN

nursing. Work was difficult to find as a private duty nurse. Mr. Chinn recalls that although he was registered with the nursing registry, he did not receive any cases from them. Whether this was because he was a male nurse or not, it is hard to surmise. He received most of his cases direct from hospitals; they were often drug addicts or alcoholics with severe delirium tremens. He recalls that one day he was called to nurse a prominent local figure who was an alcoholic. This patient was in jail, so Mr. Chinn had to go to the city jail and stay with him in the same cell with all the mosquitoes and cockroaches flying around him.

Around 1925, Dr. Trotter, who was at that time head of Board of Health, asked Mr. Chinn to take a position with the "Oahu Insane Asylum" on School Street. Treatment then consisted of potassium iodide, CC pills, Epsom salts, phenobarbital and hydrotherapy. Hydrotherapy consisted of the prolonged tub bath and dry and wet sheet packs, and was used as a sedative measure for mental patients. Restraints were used extensively. Some of the restraint he recalls using makes one think of the dark ages: He recalls using the chain shackles which were tied around the patient's waist and wrist, and the leather muff which tied both wrists together in front or in the back of the patient. But the most famous one is the old commode chair, which weighed about 200 pounds and resembled a baby's high chair. The patient was locked into this chair for periods as long as nine to ten months.

Patients were discharged only after they were reviewed by a Board of Commissioners. This Board was very similar to the Parole Board of the Oahu Prison.

In January 1930, the Oahu Insane Asylum was moved to the present location and the name Territorial Hospital was adopted.

He recalls that Metrazol was first used at the Territorial Hospital in February 1938, and electroconvulsive therapy was first used in November of 1941. Insulin shock therapy was started in August 1945, and Mr. Chinn was placed in charge of this unit.

Mr. Chinn has worked under several directors of the Territorial Hospital. Dr. William A. Schwallie and Dr. Alonzo Burton Eckerdt during the Board of Health administration. When the hospital was placed under the Department of Institutions, he has worked with Dr. E. A. Stephens, Dr. Marcus Guensberg and presently with Dr. Robert A. Kimmich, medical director.

"Jimmy," as he is fondly called by his co-workers, has not stopped learning new procedures and ideas, and has improved his techniques through the years. He is very conscientious, kind and easy to get along with. He is keenly observant and readily recognizes the needs of the patients. Many a new nurse has learned a tremendous amount from Mr. Chinn, not only of insulin therapy but of professional ethics and how to be an all around psychiatric nurse. The affiliating students are very fond of Mr. Chinn and think that he is "tops" as an instructor.

At present, Mr. Chinn is chairman of the Charts and Records Committee. This committee is responsible for evaluating existing charts and records and recommends revisions. He is treasurer of the Territorial Hopital Staff Nurses' Organization, chairman of the Community Service Committee and is a member of the Nurses' Association, Territory of Hawaii through the Nurses' Association, District of Oahu.

Mr. Chinn is a member of the American Legion, Ket On Society and Kaimuki Evangelical Church. He has two sons, one attending the University of Hawaii and the other Lunalilo School. His hobbies are fishing and gardening.

From the days of 12 hour duty—seven days a week, with no days off, and with a monthly salary of $150.00—a nurse who was "jack of all trades," messenger boy, operating room nurse, fever therapist, guard, emergency room nurse, medical nurse, surgical nurse and now head nurse of an insulin unit, Mr. Chinn deserves to be "Nurse of the Month," for he has developed himself not only professionally but as a person whom all of us admire and uphold.

Submitted by Oahu Nurse of the Month Committee
ESTHER STUBBLEFIELD, *Chairman*

PROFESSIONAL LIABILITY INSURANCE RATE REDUCTION

The master contract between the American Nurses' Association and Saint Paul Mercury Indemnity Company, making professional liability insurance available to members of ANA, was renewed for another five-year period on October 1, 1955. The question of an adjustment in the rate of the annual premium was discussed with company representatives at the time of the renewal of the contract.

We have just been advised by our representa-

tive that a rate reduction has been approved by the Commissioners of Insurance in all states except Louisiana, New York and the Territory of Alaska. The new rate for the basic insurance of 5/15 thousand dollars will be $9.00 effective as of February 1, 1956. Increased limits of liability will be in accordance with the excess limit tables in use at the present time.

The annual premium for the basic insurance of 5/15 thousand dollars will remain at $10.00 in Louisiana, New York and the Territory of Alaska. If and when there is a change in this rate, you will be advised accordingly.

New application forms reflecting this reduction in rate are available on request.

WHAT HAPPENED IN NATH'S HISTORY

During the First World War, a group of young graduate nurses in Honolulu met at the King Street home of Mother Julia King to discuss plans to aid the soldiers who were fighting overseas. Out of this initial meeting of 15 women has grown the Nurses' Association of Hawaii.

Those present at the organization meeting on April 19, 1917 were:

Mary Duchatel	Theresa Malcolm
Emma Gill	Mary Merrill
Mary Johnson	Miss Morris
Mrs. Julia King	Mabel Smyth
Emily Kemp	Olive Sill
Mrs. Perkins	Mrs. Jane Sinclair
Annette McClintock	Annie Tarboe

Elizabeth Williams

It is stated in several accounts of this first meeting that the original object was almost entirely a social one, but since they were evidently young women with ideals who were meeting in a time of great need, they immediately turned their social club into a contribution group for the Red Cross.

Club dues were 10 cents a month and at the end of their first meeting the treasury held about $1.50. They did a great deal with the money. In the NATH office there is a checkbook dating from the very first days of their endeavors. It lists such items as flowers for sick nurses, tea and cookies for parties as well as money paid out for stationery and the services of a cleaning woman for the Red Cross room.

They held their monthly meetings for quite a while at the Library of Hawaii. For this privilege, the Library charged them 50 cents a night.

At the second meeting, held on April 30, 1917, sixty-seven nurses were admitted to membership under the new constitution and by-laws which were presented and accepted. The purpose of the organization had changed in tone very materially in this short time and was set forth in the constitution as follows:

1. To offer services to the Red Cross.
2. To establish a benefit fund for nurses in need.
3. To promote friendly intercourse among the members to the end that the profession may receive the respect and support within its own ranks and from the community.

Officers elected by the group for their organization were:

President	Mary Johnson
Vice President	Rebecca Dobson
Secretary-Treasurer	Mrs. Jane Sinclair
Executive Committee	Mrs. G. Kleugel
	Mrs. Wayson
	Mrs. Ancill
	Elizabeth McMananim
	Estelle Hine
	Mary Merrill
	Elizabeth Dutot

Miss Johnson evidently made an extremely able president. She devoted the lanai of the Colonial Hotel to the monthly meetings, which became their meeting place for many years.

At this meeting, Dr. James Judd gave a lecture and showed the pictures of his work in France with the French wounded. A collection amounting to $21.00 was taken and given to Dr. Judd for the French Relief Fund for Blind Soldiers. Dr. Judd gave a subsequent program of pictures which netted $71.00 for this same fund.

An offer was made by a Professor Waurell of his services for a benefit concert for the club. It was very successful and netted $514.45, immediately placing the club on a firm financial footing.

It must be remembered that these were war times and the nurses were most enthusiastic in their work of making surgical dressings for the Red Cross, spending every minute of their spare time at the room set aside by the management of the Young Hotel for this purpose. A donation was made for the maintenance of a bed for a nurse in care of small children in the *Creche de Hawai* in Belgium.

Governor Pinkham who was then in office was approached regarding an amendment to the Act of Registration for the purpose of increasing the length of training for nurses from two years to three years. This was accomplished.

In October 1917, it was decided that an application for affiliation with the American Nurses' Association should be made. This, however, was not accomplished without voluminous correspondence and some changes in the constitution, but was finally accomplished in 1918 and we were affiliated under the name of Nurses' Association, Territory of Hawaii.

Later, under the leadership of Mrs. Elizabeth Dutot, second president of the Association, the work of the Red Cross continued with added zeal.

This article will continue with more of the

highlights in NATH history in the next BULLETIN. It would be exciting to trace it step by step but since there is a great deal more to NATH than can ever be expressed in words, this would be an impossibility. No one is able to write adequately about such things as the kind of loyalty which motivates nurses in working together toward the best in nursing.

RESEARCH GRANTS AVAILABLE

The Board of Directors of the American Journal of Nursing Company has announced the availability of financial aid in the form of special grants for research projects which will advance "the science and art of professional nursing or otherwise promote the public welfare." Applications for grants and other information pertaining to the program can be secured by writing to the Committee on Special Grants. American Journal of Nursing Company, 2 Park Avenue, New York 16, New York.

Applications for new grants may be submitted by organizations qualifying under the following criteria:

a. Sponsoring agency must be a non-profit one with tax-free status.
b. The purpose of the project must be to advance professional nursing and to promote the public welfare by increasing the effectiveness of nursing service.
c. The project must be extraneous to routine programs of the sponsoring agency and therefore dependent upon other than regular budget for support.
d. Study must be timely and be expected to have application in other situations.

All requests for consideration should be accompanied by an outline containing the following data.

a. The scope and purpose of the project.
b. The specific steps to be taken in its accomplishment and estimated time schedule for its completion.
c. A detailed budget with justifications for each budget item.
d. The community "tie-ups" and utilization of local resources.
e. A plan for "take-over" if the proposal may lead to an on-going activity.

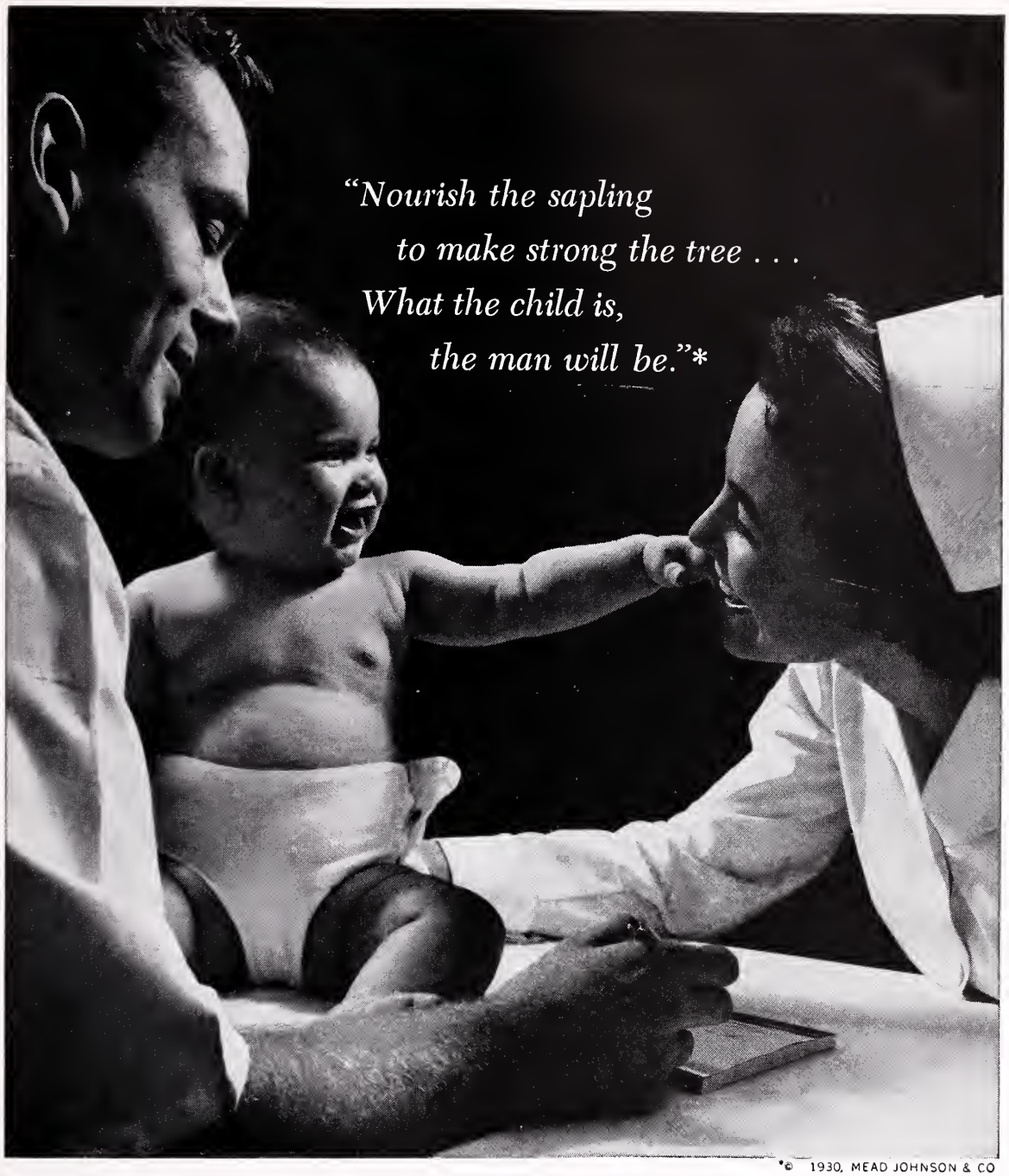
The Minnesota League for Nursing, recipient of a 1955 American Journal of Nursing Company grant of $27,000, has released an interim report on the special education project in occupational health nursing which it is currently conducting in cooperation with six participating Minnesota colleges, the Minnesota Nurses' Association, the Minnesota Department of Health and the Minnesota Board of Nurse Examiners. The report of the agency's five month period of operation reveals an extensive compilation of background information on occupational health nurses, employers, labor force and industrial physicians in Minnesota. It further reveals that a questionnaire sent to all occupational health nurses in the state of Minnesota on December 9th produced a response in excess of 50% within 30 days of the mailing. This material, as well as findings from field studies, is at present in the process of tabulation and analysis by special committees assigned to this function.

CORRECTION

It was inadvertently stated in last month's JOURNAL that the St. Francis Hospital School of Nursing was the only school in the Territory approved by the National League for Nursing. Both The Queen's Hospital and the University of Hawaii Schools of Nursing are temporarily approved and the St. Francis Hospital School of Nursing is fully approved.

Contributions to the INTER-ISLAND NURSES' BULLETIN are always welcome. Please submit all material to Miss Georgia Mix at St. Francis Hospital or to Miss Helen Ohara in the Mabel Smyth Building.

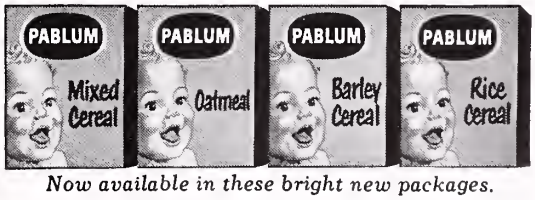
Additional copies of the special Centennial issue of the Hawaii Medical Journal, with its 14 year cumulative index and roster of members, are still available at one dollar each.



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All physicians appreciate the strictness of pharmaceutical standards. Pablum Cereals are the *only* baby cereals made by nutritional and pharmaceutical *specialists.* All four Pablum Cereals are enriched with thiamine, riboflavin, calcium, phosphorus, copper, and with iron in its most assimilable form.



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Report | from Carnation Research Laboratory





Scientific Staff Conferences

Regular conferences of the entire research staff are held so that the pooled knowledge of these highly qualified men may establish broad general directions for major research projects. Such conferences also keep the entire staff informed of current progress in all six major research divisions.

Continuous, Planned Research protects the uniform optimum high quality of both established and new Carnation food products.

6 Research Divisions

Carnation general research projects are conducted under six major laboratory divisions: three Dairy Product Laboratories, the Nutrition Laboratory (chemical and biochemical), the Cereal Laboratory and the Analytical Laboratory.

CARNATION PROTECTS YOUR RECOMMENDATION WITH CONTINUOUS 5-PHASE RESEARCH:

Carnation Research Laboratory,
Carnation Farms,
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"from Contented Cows"



The above advertisements appeared reeently in Life, Saturday Evening Post, and Today's Health.

"How to look at a doctor's bill" could well serve as the title for recent Parke-Davis advertisements on the cost of medical care. For they suggest to the public new ways of looking at the extraordinary *value* one buys with each dollar spent for prompt and proper medical care.

These Parke-Davis messages talk in everyday language about familiar but "forgotten" facts. Some examples: the steadily decreasing cost of curing diseases such as pneumonia, the phenomenal reduction in the death-rate for children, the substantial savings in time and income because of the shortened duration of hospital stays.

By highlighting the heartening facts of medical progress in relation to the cost of medical care, this new series hopes to help in creating a healthy, realistic public opinion on the reasonableness of medical costs.

To do this successfully, we wish the facts to have the widest possible readership. Therefore these advertisements are being published regularly in such mass-circulation magazines as LIFE, the SATURDAY EVENING POST, and TODAY'S HEALTH.

If you would like to have folder-size reprints of any of these ads for your reception room, we will be happy to supply them on request.

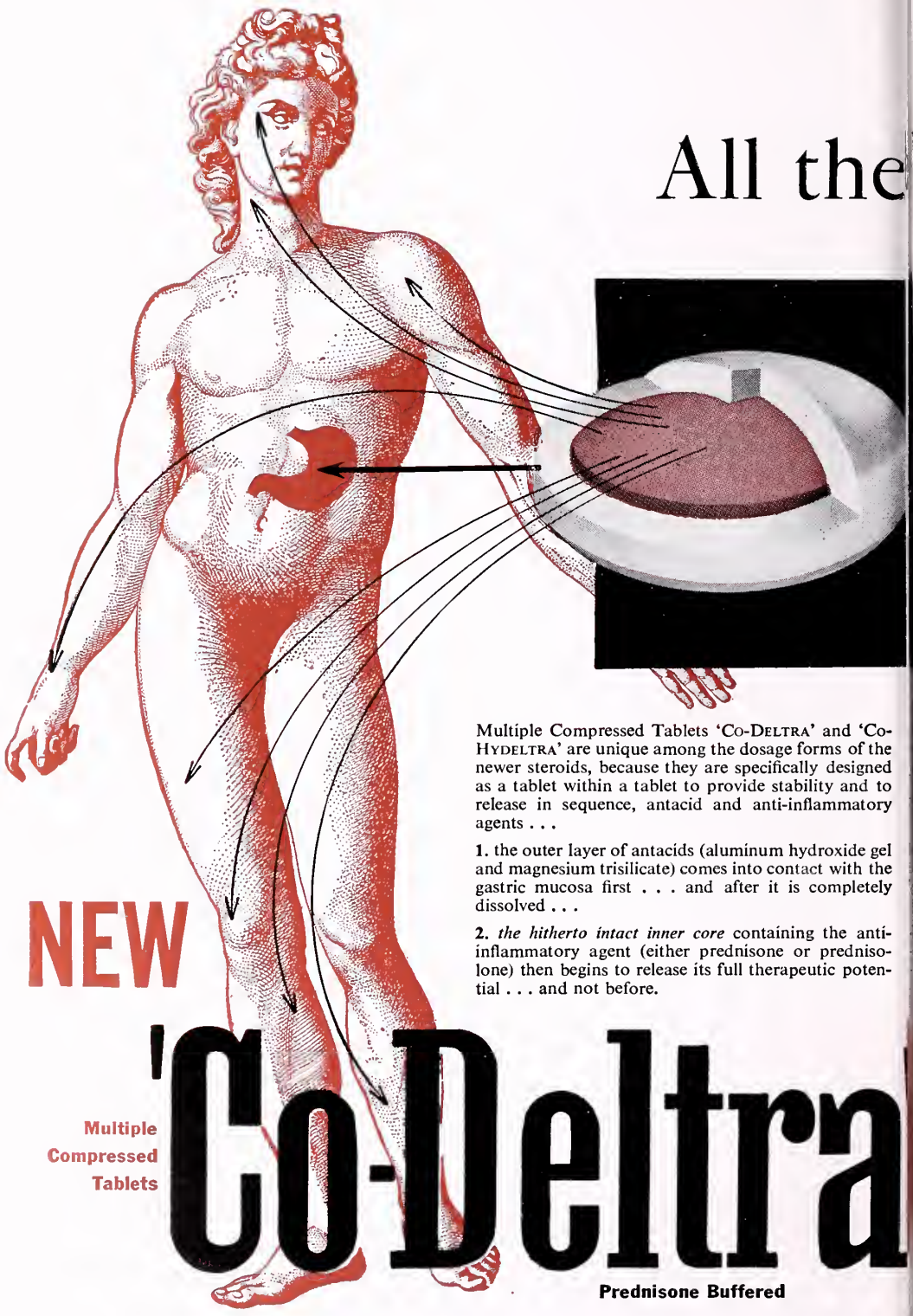




PARKE, DAVIS & COMPANY

Detroit 32, Michigan

All the



Multiple Compressed Tablets 'Co-Deltra' and 'Co-Hydeltra' are unique among the dosage forms of the newer steroids, because they are specifically designed as a tablet within a tablet to provide stability and to release in sequence, antacid and anti-inflammatory agents . . .

1. the outer layer of antacids (aluminum hydroxide gel and magnesium trisilicate) comes into contact with the gastric mucosa first . . . and after it is completely dissolved . . .

2. *the hitherto intact inner core* containing the anti-inflammatory agent (either prednisone or prednisolone) then begins to release its full therapeutic potential . . . and not before.

NEW

Multiple Compressed Tablets

'Co-Deltra

Prednisone Buffered

benefits of prednisone and prednisolone plus positive antacid action to minimize gastric distress...

A reportedly higher incidence of gastric distress in patients receiving the newer steroids prednisone and prednisolone indicates the desirability of co-administering non-systemic antacids.[1]

To help the physician cope with this problem of gastric distress which might otherwise become an obstacle to therapy with the newer steroids . . . Multiple Compressed Tablets 'Co-Deltra' (Prednisone Buffered) and 'Co-Hydeltra' (Prednisolone Buffered) are now available.

'Co-Deltra' and 'Co-Hydeltra' are now available in bottles of 30 on your prescription. Each Multiple Compressed Tablet contains:

Prednisone or Prednisolone, 5 mg.; 300 mg. of dried aluminum hydroxide gel, U.S.P., and 50 mg. of magnesium trisilicate.

'Co-Deltra' and 'Co-Hydeltra' are trade-marks of Merck & Co., Inc.

1. Bollet, A. J., Black, R., and Bunim, J. J.: *J.A.M.A.* **158**: 459, June 11, 1955.

Co-Hydeltra

Prednisolone Buffered

SHARP & DOHME

Philadelphia 1, Pa.
Division of Merck & Co., Inc.

DON'T GAMBLE
with your sight!

- Consult a competent eye physician at the first sign of strain
- If glasses are needed, we offer

Exact filling of prescription
Wide choice of modern frames
Lifelong service

GUILD OPTICIANS
OPTICAL DISPENSERS
of Hawaii
1059 BISHOP STREET ✳ KING KALAKAUA BUILDING ✳ 211 KINOOLE STREET, HILO

"...WHEN CONTINUOUS DIURESIS IS MANDATORY TO CONTROL HEART FAILURE, NEOHYDRIN BECOMES THE SUPERIOR [ORAL] AGENT, SINCE THIS COMPOUND CONTINUES TO PRODUCE DIURESIS WHEN ADMINISTERED DAILY"*

*Moyer, J. H., and Hughes, W. M.:
J. Chron. Dis. 2:678, 1955.

00656

HMSA

(*Continued from page 480*)

gical removal of an ulcerated colon. Many others exceeded $1,000.00.

In closing, Mr. Babbitt quoted Mr. Jerry L. Pettis, Executive Assistant to the President of the Los Angeles County Medical Association, who said: "Nowhere in the world will you find a plan so comprehensive—so economically and efficiently run—as your own HMSA." Mr. Babbitt attributed this compliment to the farsighted and progressive support of the local medical profession and to the diligent group of community-minded individuals who voluntarily serve on the Board of Directors who have devoted many hours to ensure sound operation of the plan.

HMSA is not content to remain static, and with the continued support of the medical profession, looks forward to continued improvement of its service to the membership to keep it the finest low cost medical plan in existence.

MEDICAL ECONOMICS

(*Continued from page 472*)

B. *Non-responsibility notices*—If one of your patients is listed under this heading, it should be a warning that there may be some financial troubles in the family. Although the husband is responsible for medical care of his wife and children, this is the first clue to a difficult collection. Better get things straightened out with these patients as to who is going to pay the bill.

C. *Regular Estates*—If a former patient is listed under this heading you have 120 days from first legal notice to file a claim against the estate (A regular estate is an estate with over $1,500.00 in assets).

D. *Small Estates*—If a former patient is listed under this heading you have 60 days from first legal notice to file claim against the estate (A small estate is an estate with less than $1,500.00 in assets).

E. *Multiple accounts from the Bureau file*—If one of your patients is listed under this section, take notice that he is delinquent with a number of other doctors. Enough said.

A few minutes checking your file against this Bulletin each month will save you time and money.

R. M. KENNEDY
Executive Secretary

BOOK REVIEWS

(*Continued from page 477*)

The Thyroid.

Edited by Sidney C. Werner, M.D., 789 pp., illustrated, Price $20.00, Paul B. Hoeber, Inc., 1955.

This volume is the composite work of sixty authors, working under the editorship of Dr. Werner, and is a virtual encyclopedia of information that pertains to the

(*Continued on page 504*)

Upjohn

Rheumatoid arthritis, rheumatic fever, intractable asthma, allergies . . .

Cortef* *tablets*

Supplied:

5 mg. tablets in bottles of 50
10 mg. tablets in bottles of 25, 100, 500
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When your skill in surgery gives a patient a "new face" or restores his battered features, you are providing him with a passport to a brighter future. Often your proficient technic can minimize disfigurement from accidents, correct deformities in children and add to the earning years of older persons. "This year one million persons in this country will be injured in auto accidents alone. . . ."*

For minimal scarring, choose from a wide and varied line of D & G ATRAUMATIC® needles and sutures for plastic, skin, cleft palate and harelip work. D & G needles are extra-sharp, temper-tested, perfectly formed. They are available swaged on to ANACAP® braided silk, the silk with extra tensile strength; DERMALON® monofilament nylon, uniformly round and easy to withdraw; SURGICAL GUT, possessing greater flexibility and superior knot strength and SURGALOY® stainless steel, the metallic sutures of exceptional strength, flexibility and inertness.

*Straith, C. L., and Straith, R. E.: Detroit, Michigan. Postgrad. Med. *14*:165, Sept., 1953.





Borders approximated accurately with figure 8 nylon sutures tied inside nose or mouth to relieve tension. Surface closed with fine braided white silk or nylon and 4-0 or 5-0 subcuticular suture. Note minimal scarring with good primary closure.

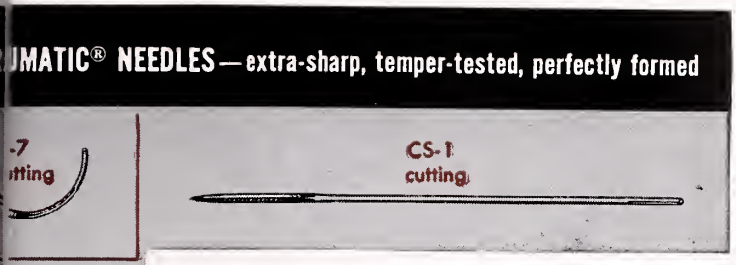
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sutures and other surgical specialties

IMATIC® NEEDLES — extra-sharp, temper-tested, perfectly formed



D & G plastic and skin sutures

No.	Type	Length	Needle	Sizes
987	Anacap® black braided silk	18"	CE-6	000, 00
1380	Anacap black braided silk	30"	CS-1	000 to 0
1656	Anacap black braided silk	18"	CH-2	000, 00
1658	Anacap black braided silk	18"	CH-1	4-0
1660	Anacap black braided silk	18"	CE-4	6-0 to 4-0
1710	Anacap white braided silk	18"	CE-2	6-0, 5-0
1682	Dermalon® blue mono. nylon	18"	CE-4	6-0 to 00
1683	Dermalon blue mono. nylon	18"	CE-6	4-0 to 0
1684	Dermalon blue mono. nylon	18"	CE-2	5-0, 4-0
1685	Dermalon blue mono. nylon	18"	CH-1	5-0, 4-0
1689	Dermalon blue mono. nylon	18"	CH-2	000, 00
1705	Surgilon® black braided nylon	18"	CE-4	4-0
1641	Surgical cottan, blue	18"	CE-4	000
1653	Silkworm gut, black	14"	CE-4	4-0
1803	Surgaloy® mono-str. stainless steel	20"	CE-4	6-0
1808	Surgaloy mono-str. stainless steel	20"	CE-6	4-0
1813	Surgaloy multi-str. stainless steel	20"	CE-4	5-0

D&G cleft palate and harelip sutures

No.	Type	Length	Needle	Sizes
1761	Surgical gut plain non-boiloble	18"	CE-8	5-0
1763	Surgical gut mild chromic non-boiloble	18"	CE-8	5-0
1682	Dermalon blue mono. nylon	18"	CE-4	6-0 to 00
1806	Surgaloy mono-str. stainless steel	20"	C-7	4-0

After Mastectomy



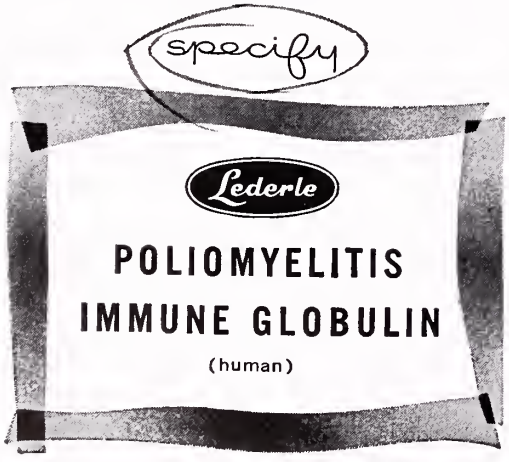
Restores
Normal Appearance
Size, Comfort
Morale

IDENTICAL® *form*

Wear
with
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even a Bathing Suit



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For the modification of
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or attenuation of infectious
hepatitis and poliomyelitis.

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AMERICAN Cyanamid COMPANY
PEARL RIVER, NEW YORK

BOOK REVIEWS

(Continued from page 500)

thyroid gland. Each chapter, or part of a chapter, has been written by one who has obviously been selected because of his close familiarity with the subject at hand. The advantages of this method of recording information are apparent, but it results inevitably in some repetition of material and a lack of correlation between various sections of the work in spite of the best efforts of the editor.

This book brings together under one cover much of the knowledge acquired in the past ten years since the advent of radioiodine and will prove to be extremely valuable for this fact alone. The comprehensive character of the work is underlined by the extensive bibliographies which follow each of the forty-five chapters. It will be a valuable work for the student of the thyroid as well as for him who is only momentarily interested in one of its problems, within the limitations already outlined.

G. C. FREEMAN, M.D.

Current Therapy—1956.

Edited by Howard F. Conn, M.D., 632 pp., Price $11.00, W. B. Saunders Company, 1956.

The 1956 volume of Current Therapy continues to retain its popularity, as the annual volume of modern therapeutics consulted most widely by America's general physicians and specialists. The unusual world-wide acceptance of the previous editions has resulted in the conclusion that the presentation of information in these volumes has been very useful to the busy practitioner.

By the practice of author rotation, new ideas, methods and opinions are brought into the book. This practice produces a new book rather than a revision of the previous edition.

Allegedly, all of the 279 contributors are authorities within their respective fields. In general, this is probably true. However, it would result in a lamentable situation if every busy physician practiced "cookbook medicine." Conscientious adherence to a "recipe" is never a substitute for cerebration. We still treat the patient as well as his disease and therefore, individualization remains paramount in importance.

Current Therapy of 1956 is an excellent reference volume and may serve as a guide in the rational therapy of diseases.

RALPH M. BEDDOW, M.D.

Diagnosis and Localization of Brain Tumors.

By George E. Moore, M.D., 241 pp., illustrated, Price $10.50, Charles C. Thomas, 1954.

One must give Dr. Moore credit for initiating, following up, and summarizing an important diagnostic procedure which helps to some extent in localizing brain tumors with fluorescent and radioactive tracer substances. In this book a chronological description of his research into this subject is recorded for other workers who may become intrigued by this ingenious method. With supporting funds from the National Cancer Institute, the U.S. Public Health Service, the Medical Division of the U. S. Atomic Energy Commission, and the Graduate School of the University of Minnesota, and the cooperation of the many unselfish co-workers, Dr. Moore has been able to extend and elaborate on his original findings. In addition, this book touches on con-

temporary work reported by other centers. The bibliography is impressive and includes reports up through 1951.

JUN-CHUAN WANG, M.D.

Also Received

The Surgical Clinics of North America.

December, 1955—Applied Physiology in Modern Surgery, pp. 1525-1815, figs. 427-467, W. B. Saunders Company, 1955.

Nineteen articles from Philadelphia, with emphasis on applied physiology.

Erythromycin.

By Wallace E. Herrell, M.D., 56 pp., Price $3.00, Interscience Publishers, Inc., 1955.

All about erythromycin with 70 references to literature, detailed by systems and diseases by Wallace Herrell, formerly of Mayo Clinic.

Cardiovascular Surgery.

Edited by Conrad R. Lam, M.D., 543 pp., illustrated, Price $12.25, W. B. Saunders Company, 1955.

Beautifully printed on glossy paper and liberally illustrated. This lively verbatim account of a 1955 international symposium on cardiovascular surgery should be read by every surgeon engaged in this field.

The Give and Take in Hospitals.

By Temple Burling, M.D., Edith M. Lentz, Ph.D. and Robert N. Wilson, Ph.D., 355 pp., Price $4.75, G. P. Putnam's Sons, 1956.

An important study, invaluable to everyone connected with the running of a hospital, from the administrator down to the supervising nurses.

Planning New Institutional Facilities for Long Term Care.

By Edna Nicholson, 358 pp., Price $4.50, G. P. Putnam's Sons, 1956.

Indispensable for anyone involved in this particular field.

The Role of Algae and Plankton in Medicine.

By Morton Schwimmer, M.D. and David Schwimmer, M.D., 85 pp., Price $3.75, Grune & Stratton, Inc., 1955.

An exhaustive study; 312 references.

A Guide to Psychiatric Books.

By Karl A. Menninger, M.D., 157 pp., Price $4.75, Grune & Stratton, Inc., 1956.

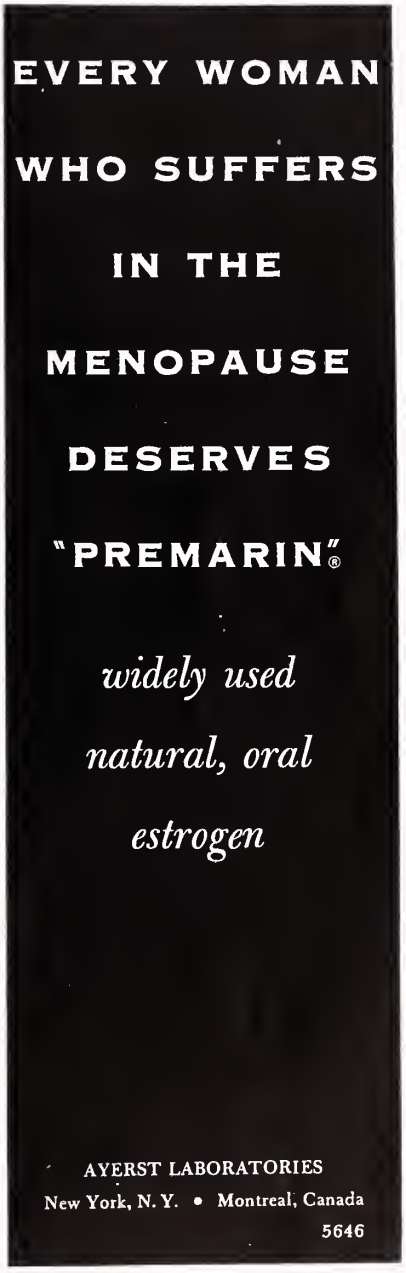
A classified bibliography of psychiatric books with reading lists prescribed for specific problems in specific professional fields.

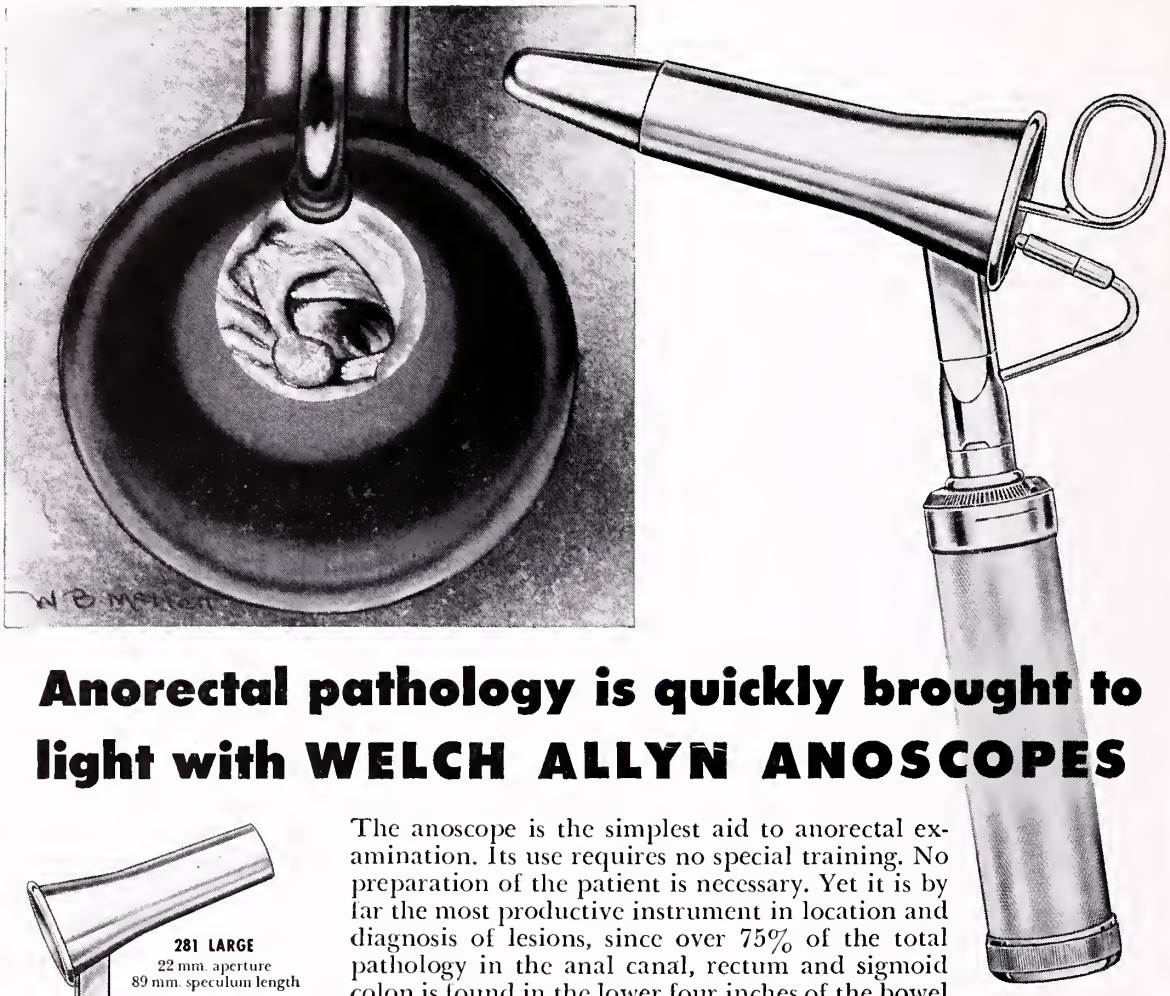
Ciba Foundation Symposium—Experimental Tuberculosis.

Edited by G. E. W. Wolstenholme and Margaret P. Cameron, 396 pp., Price $9.00, Little, Brown and Company, 1955.

An indispensable volume for phthisiologists and leprologists. It maintains the high standards we have learned to expect in the Ciba Foundation symposia.

(Continued on page 508)





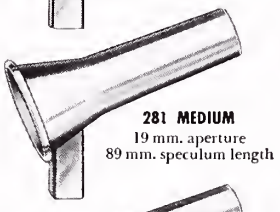
Anorectal pathology is quickly brought to light with WELCH ALLYN ANOSCOPES

The anoscope is the simplest aid to anorectal examination. Its use requires no special training. No preparation of the patient is necessary. Yet it is by far the most productive instrument in location and diagnosis of lesions, since over 75% of the total pathology in the anal canal, rectum and sigmoid colon is found in the lower four inches of the bowel within range of the anoscope.

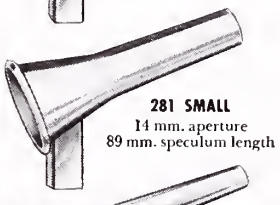
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A helpful booklet, "Anal and Lower Rectal Lesions" is available to you from Welch Allyn or your Welch Allyn dealer.

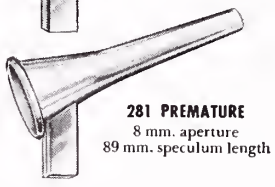
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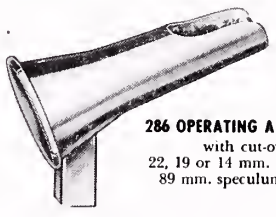
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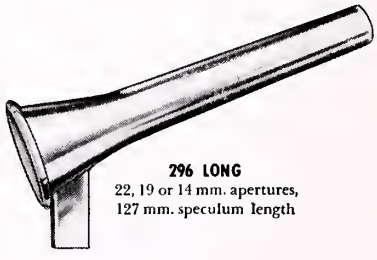
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(1) Payne, R. W.; Shetlor, M. R.; Farr, C. H.; Hellbaum, A. A., and Ishmoel, W. K.: J. Lob. & Clin. Med. *45*:331, 1955. (2) Bunim, J. J.; Williams, R. R., and Black, R. L.: J. Chron. Dis. *1*:168, 1955. (3) Holbrook, W. P.: M. Clin. North America *39*:405, 1955.

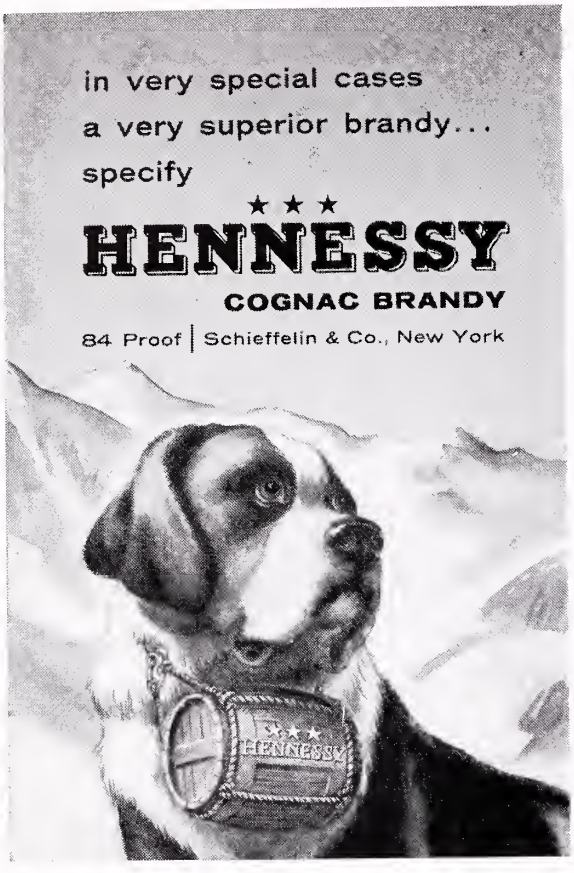
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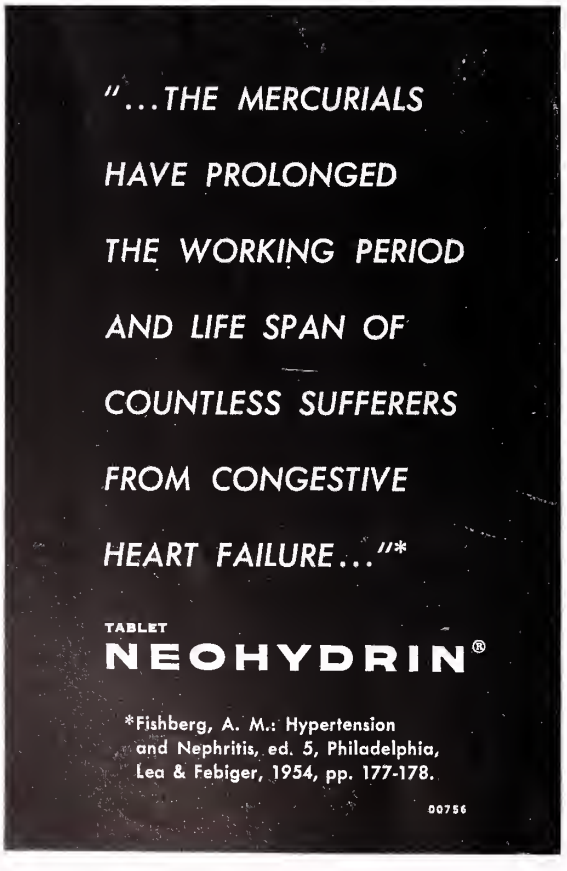
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BOOK REVIEWS

(Continued from Page 505)

Polymyxin, Neomycin and Bacitracin.

By Ernest Jawetz, M.D., 96 pp., Price $4.00, Interscience Publishers, Inc., 1956.

More about these three antibiotics than most physicians want to know. A valuable reference, however.

Excitability of the Heart.

By Chandler McC. Brooks, Ph.D., Brian F. Hoffman, M.D., E. E. Suckling, M.Sc., and Oscar Orias, M.D., 373 pp., Price $6.50, Grune & Stratton, Inc., 1955.

Important but deep. For cardiologists.

Diseases of the Endocrine Glands.

By Louis J. Soffer, M.D., Second Edition, 1032 pp., illustrated, Price $16.50, Lea & Febiger, 1956.

A valuable reference text, thoroughly revised five years after its first edition.

Subphrenic Abscess.

By H. R. S. Harley, M.S., 216 pp., illustrated, Price $7.00, Charles C. Thomas, 1956.

This carefully prepared and profusely illustrated monograph is dedicated to the proposition that the mortality of subphrenic abscess should not exceed 10 per cent. The author is an Englishman.

Regeneration in the Central Nervous System.

Edited by William F. Windle, Ph.D., 311 pp., illustrated, Price $9.50, Charles C. Thomas, 1956.

Report of the conference on this subject held by 33 physicians, surgeons, anatomists, chemists, physiologists, psychologists and biologists in May 1954. Indispensable for persons concerned with neurosurgery and rehabilitation particularly.

Techniques in Blood Grouping.

By Ivor Dunsford and C. Christopher Bowley, 250 pp., illustrated, Price $4.50, Charles C. Thomas, 1956.

An authoritative manual on modern practice in blood grouping at the University of Sheffield and the Regional Blood Transfusion Center of Sheffield, England. Indispensable to blood bank workers.

A Modern Pilgrim's Progress for Diabetics.

By Garfield G. Duncan, M.D., 222 pp., Price $2.50, W. B. Saunders Company, 1956.

A professor of medicine at Jefferson writes about diabetes through the eyes of one of his patients. A good pocket book for a patient to read.

Biochemical Mechanisms in Inflammation.

By Valy Menkin, M.D., Second Edition, 438 pp., illustrated, Price $9.50, Charles C. Thomas, 1956.

A new edition with twice as many chapters, including chapters on immunological and reparative processes in relation to inflammation.

The Medical Clinics of North America.

January 1956—Medical Problems of the Aged, pp. 1-270, figs. 1-10, W. B. Saunders Company, 1956.

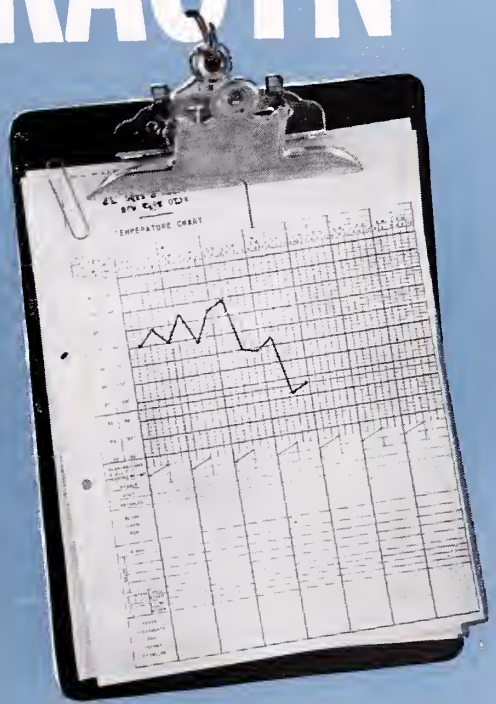
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(Continued on Page 514)

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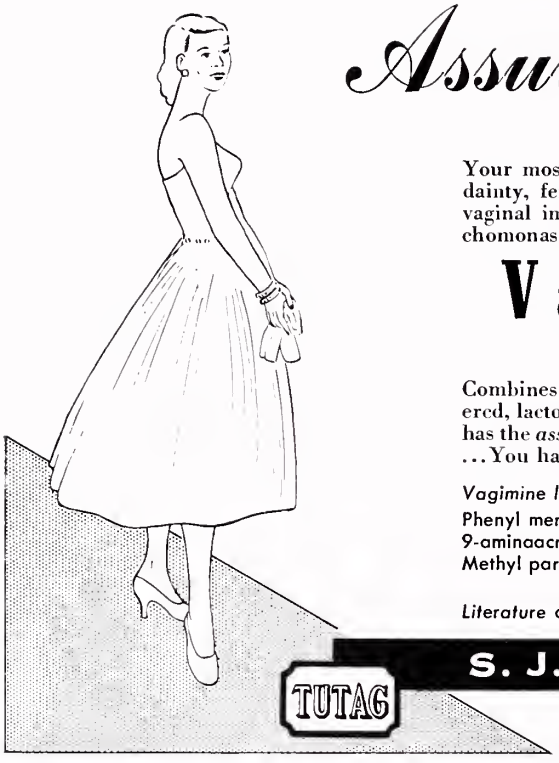


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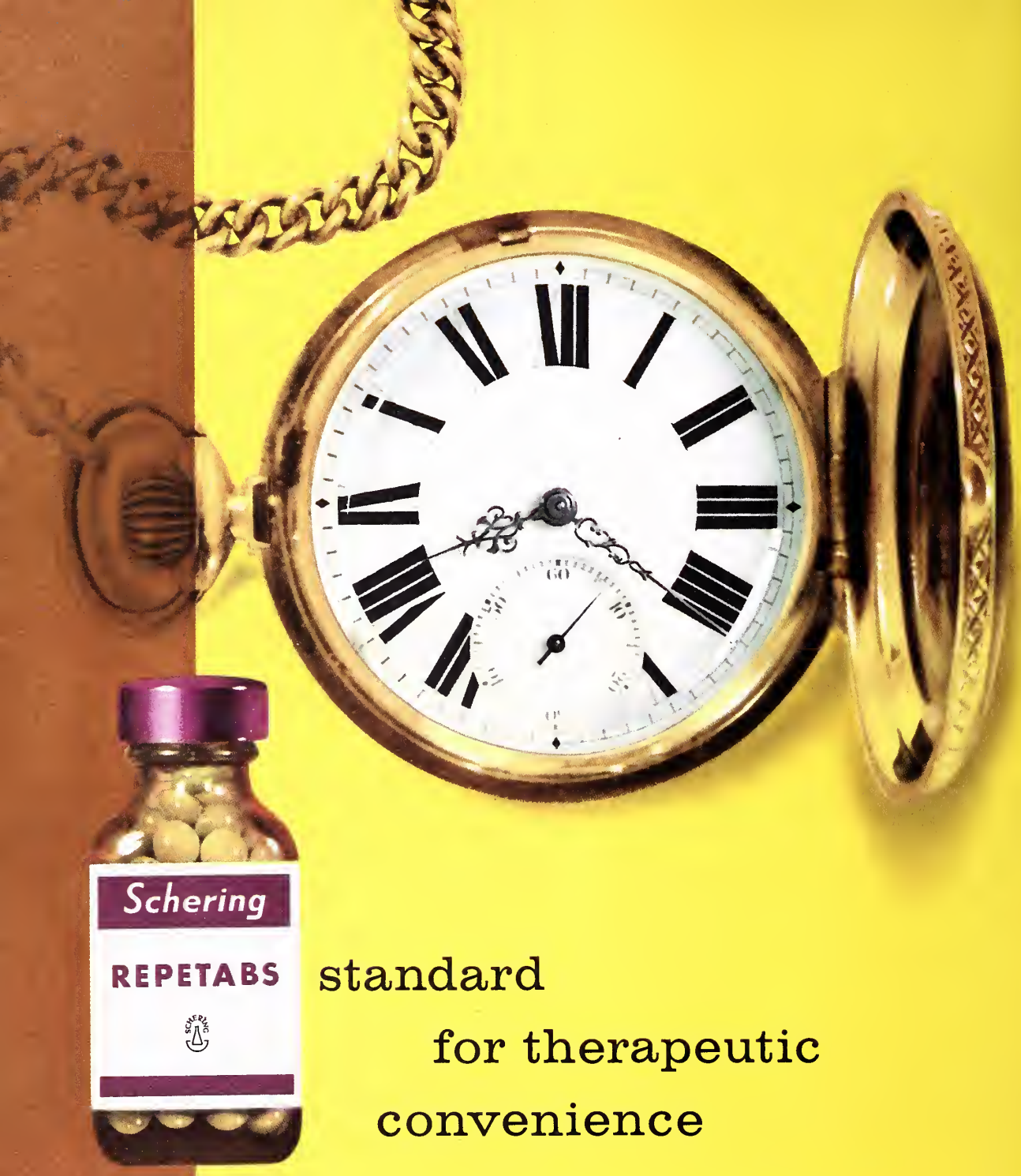
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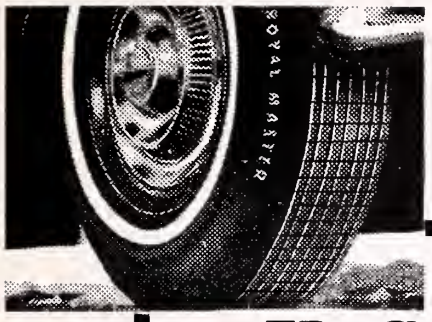
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Handbook of Toxicology—Volume I.

Edited by William S. Spector, 408 pp., Price $7.00, W. B. Saunders Company, 1956.

Toxicologic data on 2120 injected or ingested, and 243 inhaled, substances from abobioside to zirconyl sulfate, with tabulated data and references to the literature. An enormously useful reference volume. Four more volumes are planned for publication in the coming two years.

Pathologic Physiology.

Edited by William A. Sodeman, M.D., Second Edition, 963 pp., Price $13.00, W. B. Saunders Company, 1956.

Twenty-five authors present internal medicine from a physiologic point of view. Chapters on genetics, growth and neoplasia and on the nervous system have been added and the section on diabetes has been revised. Published in January 1956.

The Cervical Syndrome.

By Ruth Jackson, M.D., 130 pp., illustrated, Price $4.75, Charles C. Thomas, 1956.

A practical manual on diagnosis and management of pain in the neck, head, shoulder and arm.

The Textbook of Pharmacognosy.

By N. M. Ferguson, Ph.D., 374 pp., Price $7.00, The Macmillan Company, 1956.

Interesting reading, but primarily designed for students of pharmacy or pharmacists.

Diseases of the Ear, Nose and Throat.

By William Wallace Morrison, M.D., Second Edition, 756 pp., Price $10.00, Appleton-Century-Crofts, Inc., 1955.

Second edition of an attractive textbook. Each section has a classified bibliography. Primarily for students.

Practitioners' Conferences.

Edited by Claude E. Forkner, M.D., 293 pp., Price $6.75, Appleton-Century-Crofts, Inc., 1956.

Readable, informative, carefully edited conferences on such a variety of subjects as skin diseases, brain tumors and the common cold, emanating from the New York Hospital–Cornell Medical Center.

Causal Factors in Cancer of the Lung.

By Carl V. Weller, M.D., 113 pp., Price $3.00, Charles C. Thomas, 1956.

A scholarly and detailed review of the subject, with 121 references to the literature.

The Exceptional Child Faces Adulthood.

Proceedings of the 1955 Spring Conference of the Child Research Clinic of The Woods Schools, 114 pp., Price 75¢, The Woods Schools, 1955.

Proceedings of a conference held in May 1955. Important to those directly concerned with this problem.

A.M.A. Scientific Exhibits 1955.

Published by the American Medical Association, 784 pp., illustrated, Price $20.00, Grune & Stratton, Inc., 1955.

Exhibits lose a little by reduction, but this is a fascinating reference volume.

Clinical Management of Renal Failure.

By Maurice B. Strauss, M.D. and Lawrence G. Raisz, M.D., 114 pp., Price $2.75, Charles C. Thomas, 1956.

Boston University procedure in this situation is explained in detail.

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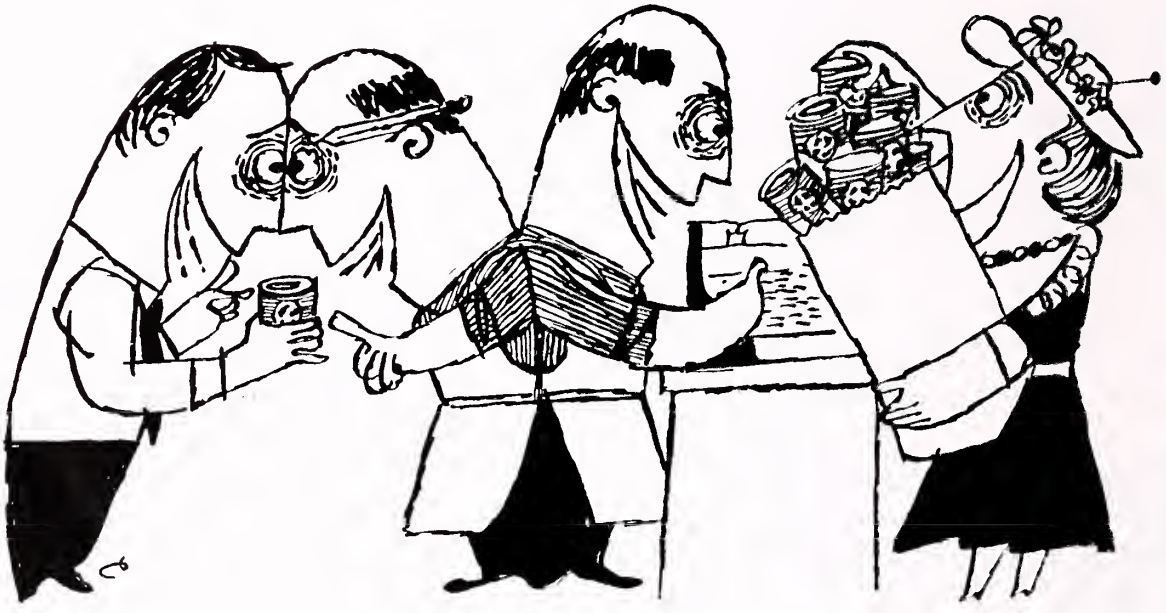
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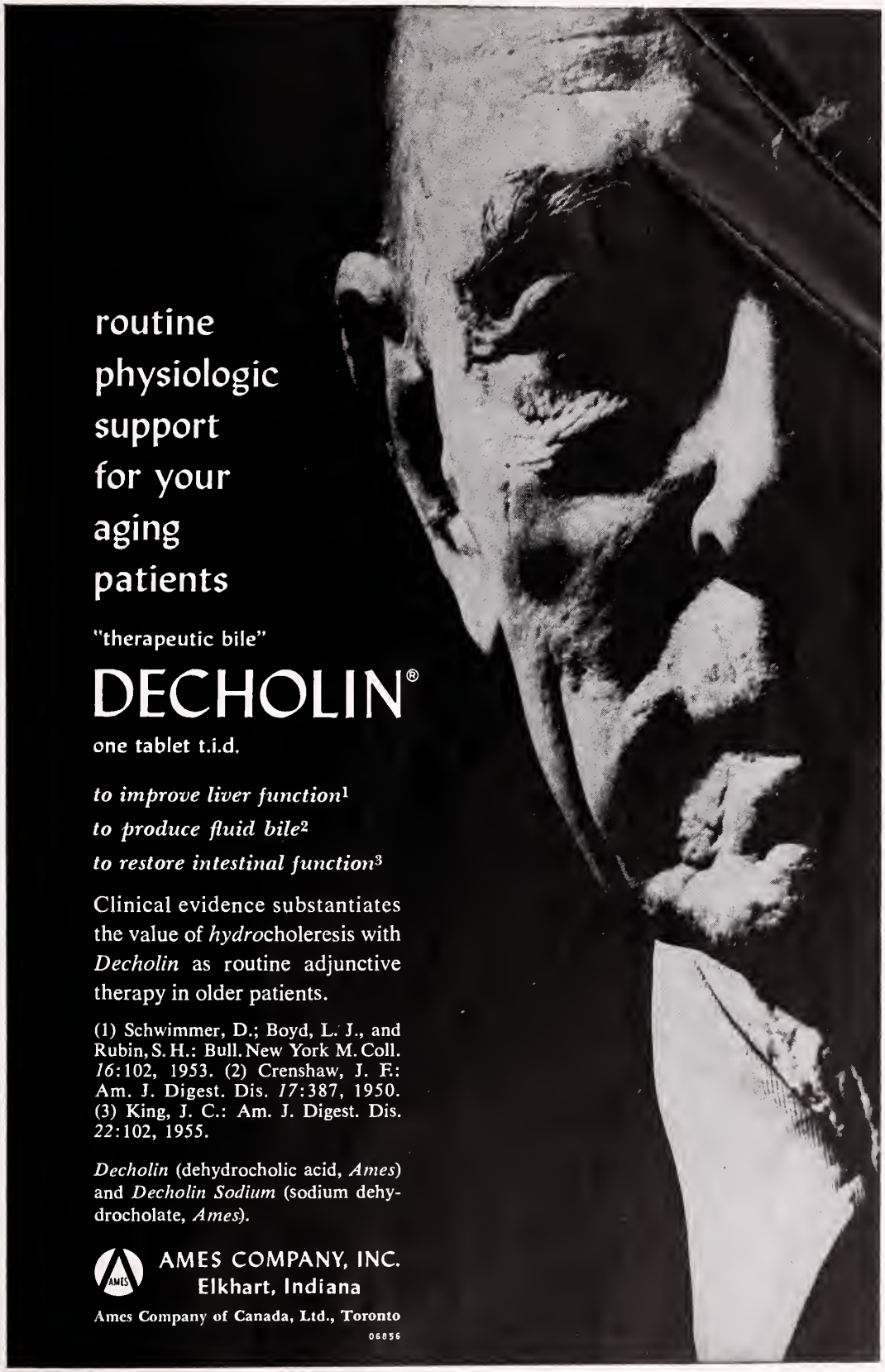
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(1) Schwimmer, D.; Boyd, L. J., and Rubin, S. H.: Bull. New York M. Coll. *16*:102, 1953. (2) Crenshaw, J. F.: Am. J. Digest. Dis. *17*:387, 1950. (3) King, J. C.: Am. J. Digest. Dis. *22*:102, 1955.

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1. Davidson, D. T., Jr.; Lombroso, C., & Markham, C. H.: *New England J. Med.* 253:173, 1955.
2. Zimmerman, F. T.: *New York J. Med.* 55:2338, 1955.



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References: 1. Hollander, J. L., *Ann. New York Acad. Sc.* **61**:511, May 27, 1955.
2. Hollander, J. L., *et al. J.A.M.A.* **158**:476, June 11, 1955.

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Hawaii Medical Journal

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JULY-AUGUST, 1956

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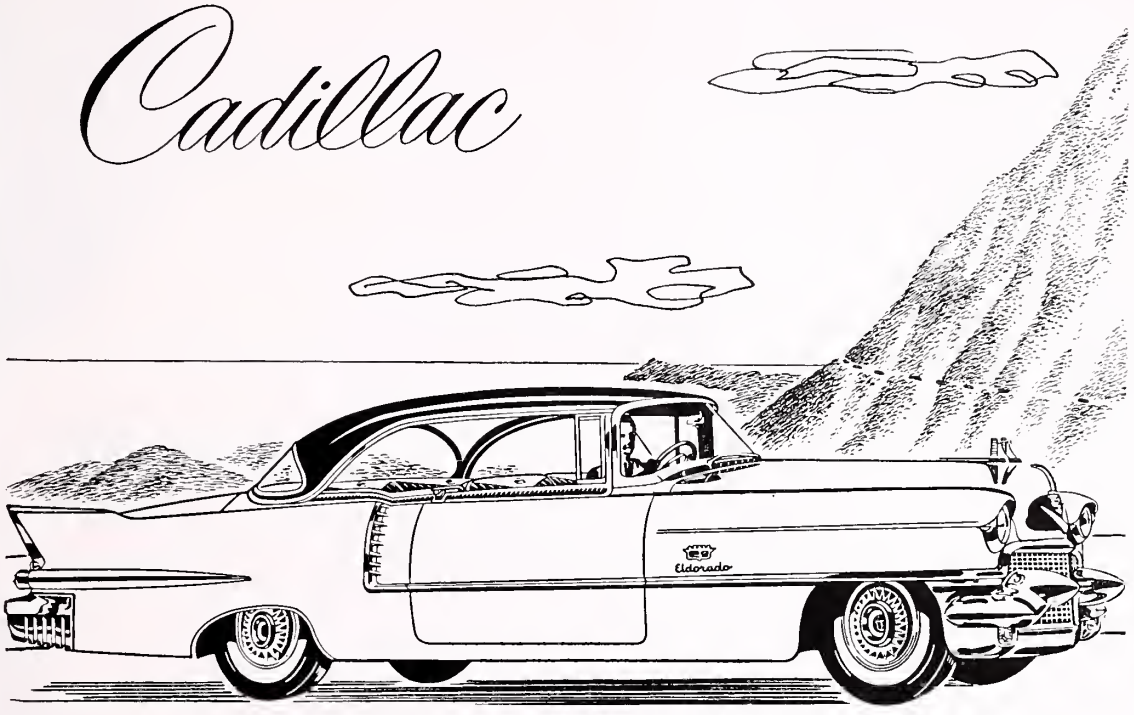
1. Cronheim, G., and Toekes, I. M.: Comparison of Sedative Properties of Single Alkaloids of Rauwolfia and Their Mixtures, Meet. Am. Soc. Pharmacol. & Exper. Therap., Iowa City, Iowa, Sept. 5, 1955.

2. Moyer, J. H.; Dennis, E., and Ford, R.: Drug Therapy (Rauwolfia) of Hypertension. II. A Comparative Study of Different Extracts of Rauwolfia When Each Is Used Alone (Orally) for Therapy of Ambulatory Patients with Hypertension, A.M.A. Arch. Int. Med. *96*:530 (Oct.) 1955.

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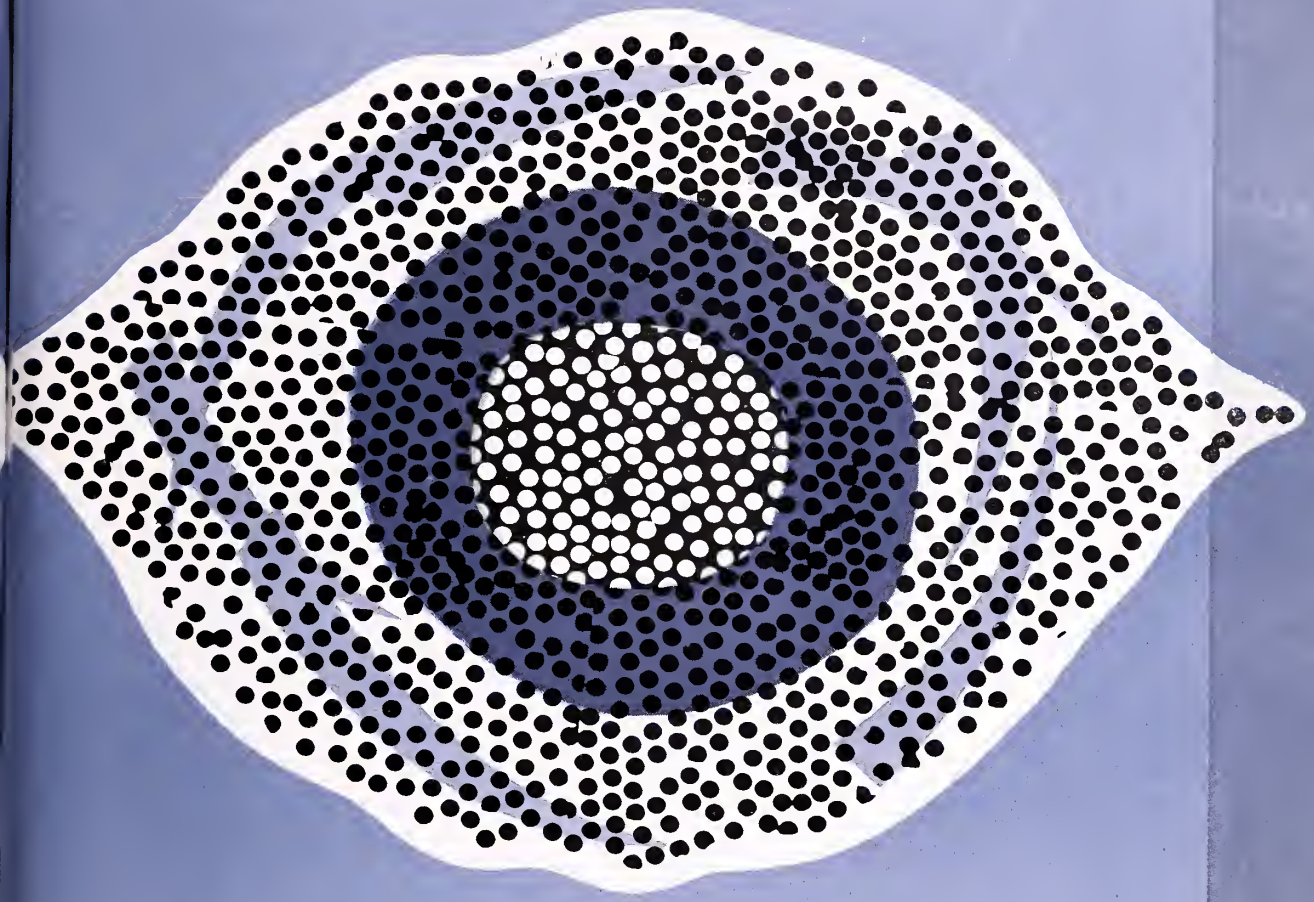
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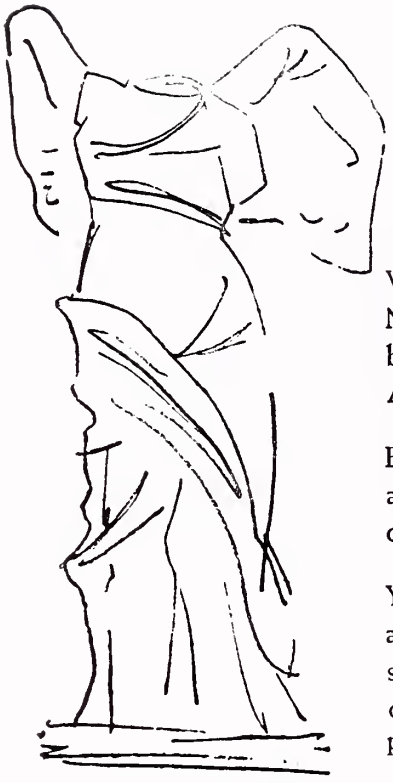
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1. Seifter, J., et al.: To be published. 2. Fazekas, J.F., et al.: M. Ann. District of Columbia **25**:67 (Feb.) 1956. 3. Mitchell, E.H.: J.A.M.A. In press.

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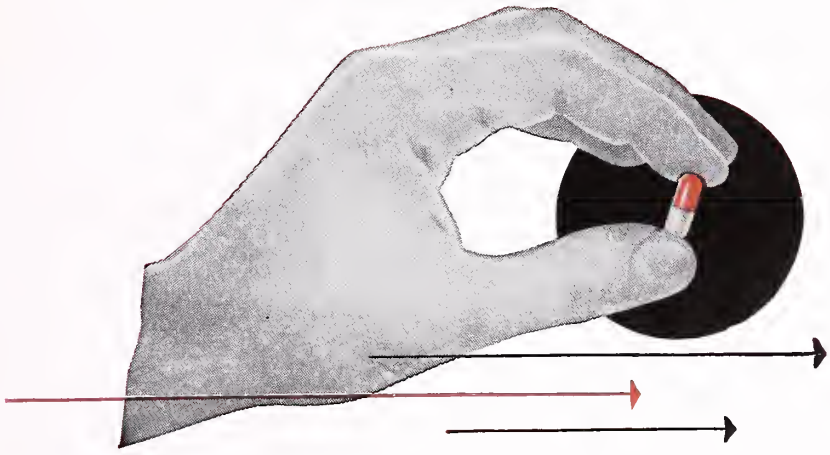
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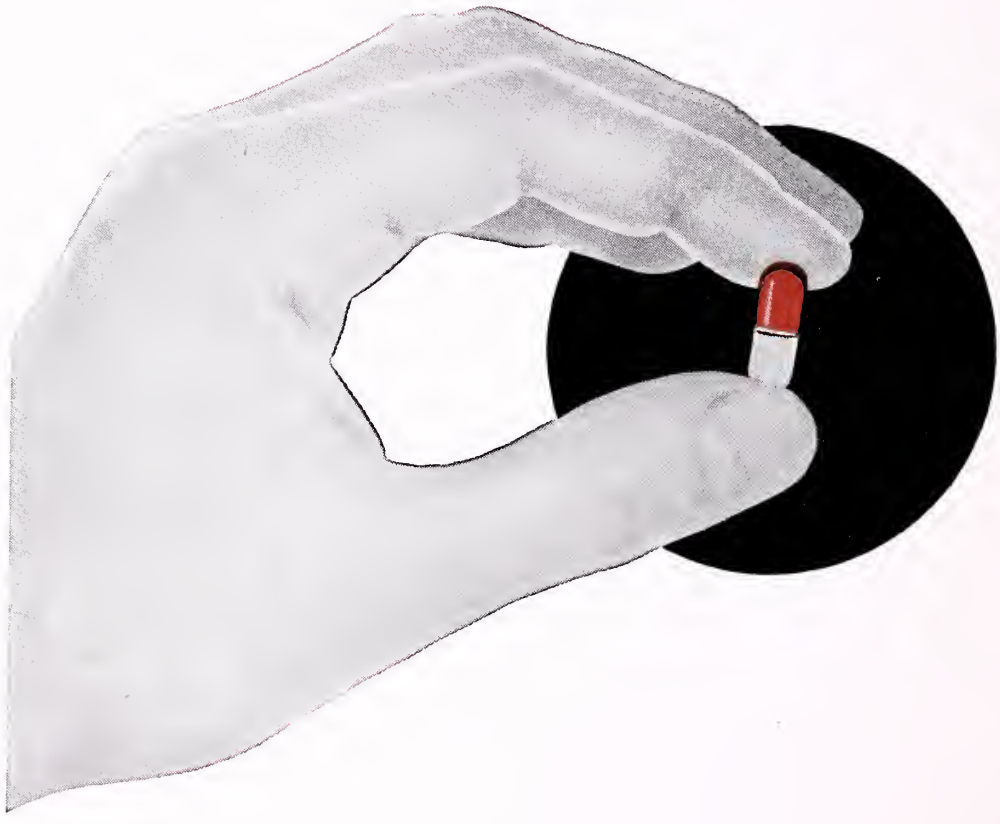
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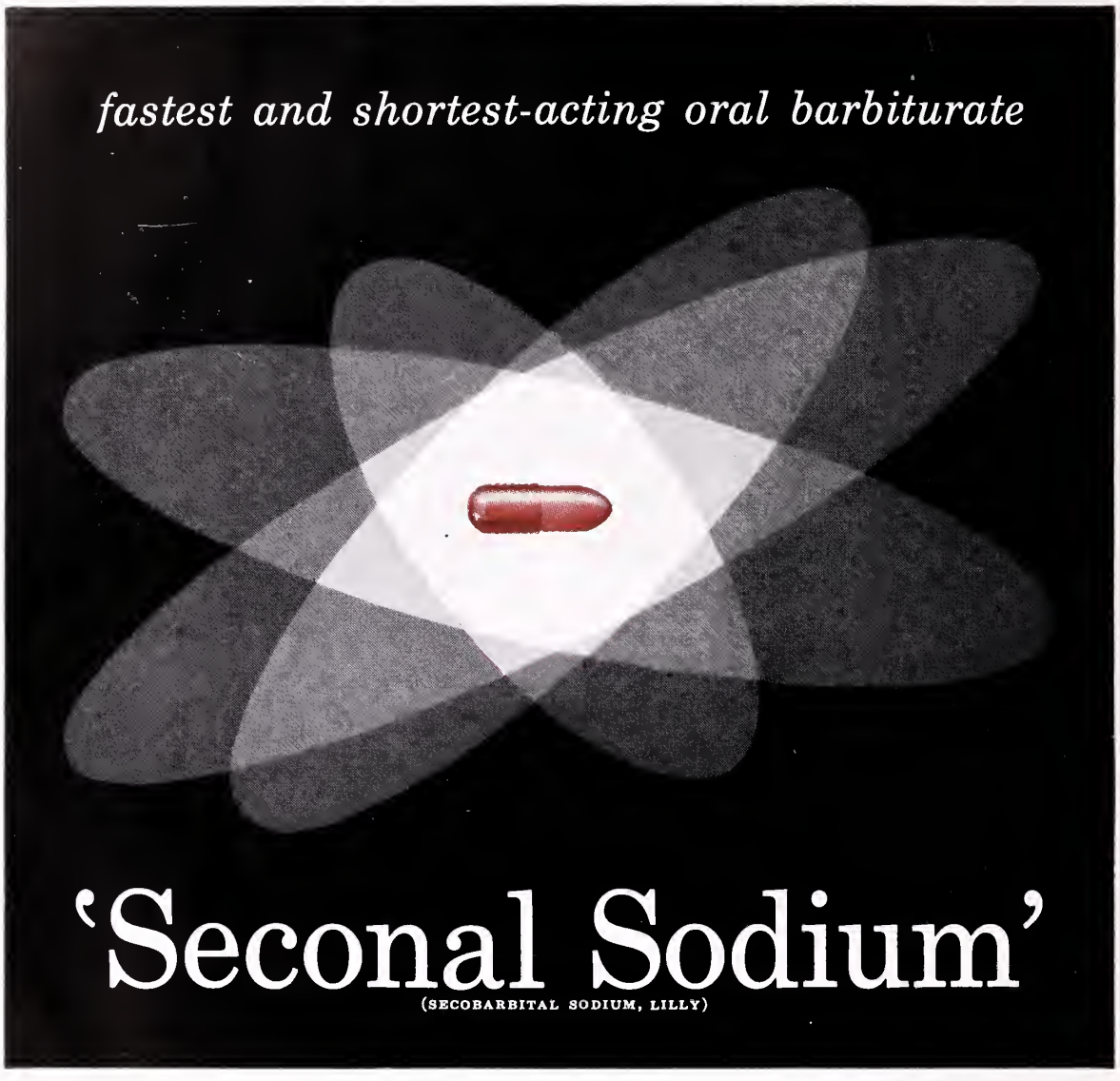
REFERENCES:

1. Wallick, H., Harris, D.A., Reagan, M.A., Ruger, M., and Woodruff, H.B., *Antibiotics Annual*, 1955-1956, New York, Medical Encyclopedia, Inc., 1956, pg. 909.
2. Frost, B.M., Valiant, M.E., McClelland, L., Solotorovsky, M., and Cuckler, A.C., *Antibiotics Annual*, 1955-1956, pg. 918.
3. Verwey, W.F., Miller, A.K., and West, M.K., *Antibiotics Annual*, 1955-1956, pg. 924.
4. Kempe, C.H., *Calif. Med.*, **84**:242, April 1956.
5. Simon, H.J., McCune, R.M., Dineen, P.A.P., Rogers, D.E., *Antib. Med.*, 2:205, April 1956.
6. Lubash, G., Van Der Meulen, J., Berntsen, C., Jr., Tompsett, R., *Antib. Med.*, 2:233, April 1956.
7. Lin, K.-E., Coriell, L.L., *Antib. Med.*, 2:268, April 1956.
8. Limson, B.M., Romansky, N.J., *Antib. Med.*, 2:277, April 1956.
9. Morton, R.F., Prigot, A., Maynard, A. de L., *Antib. Med.*, 2:282, April 1956.
10. Nichols, R.L., Finland, M., *Antib. Med.*, 2:241, April 1956.
11. Mullins, J.F., Wilson, C.J., *Antib. Med.*, 2:201, April 1956.
12. David, N.A., Burgner, P.R., *Antib. Med.*, 2:219, April 1956.
13. Marton, W.J., Heilman, F.R., Nichols, D.R., Wellman, W.E., and Geraci, J.E., *Antib. Med.*, 2:258, April 1956.
14. Milberg, M.B., Schwartz, R.D., Silverstein, J.N., *Antib. Med.*, 2:286, April 1956.

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RE-EDUCATION IN TREATMENT OF PSYCHONEUROSES

WILLIAM B. TERHUNE, M.D.,* New Canaan, Connecticut

Direct psychotherapy by systematic "re-education" is a wholesome, sensible, and effective middle way between overly psychological and overly somatic approaches to the treatment of psychoneuroses.

THE BEST treatment for the psychoneuroses is a process of physiological and psychological integration. All medical rehabilitation implies educational re-training, and the correction of harmful techniques and attitudes. In psychological medicine this process is called "Re-education." In the treatment of the psychoneuroses the use of systematized re-education, by a physician trained in its use, produces permanent results rapidly. This method of treatment has been developed over a period of fifty years by a group of psychiatrists and internists who have incorporated proved medical, psychological, and psycho-analytical principles into a dynamic method of treatment which is both eclectic and flexible. As advances are made in medicine and psychotherapy, these are easily incorporated; it is not a rigid system or philosophy. Physicians who employ this directive form of therapy must understand the physiologic, psychodynamic, and sociologic factors of emotional illness. If re-education is to be effective, it is absolutely essential to have the cooperation of patients who acknowledge they need help and who are ready to accept directive treatment.



DR. TERHUNE

IN DIRECTIVE PSYCHOTHERAPY

The Physician:

1. Has empathetic approach
2. Makes patient comfortable
3. Gives full attention
4. Establishes rapport
5. Encourages ventilation
6. Teaches re-education
7. Lessens guilt and anxiety
8. Uses suggestion
9. Gives support
10. Helps patient find new goals and ideals

The emotionally ill patient is often an apprehensive tyrant, surrounded by defensive and offensive mechanisms. Life has backed him into a corner and if any one tries to help him he either cries or snarls. He is at the mercy of his emotions, intelligence has ceased to function, and ideals are unknown or long unused. The directive re-educational approach really appeals to him, although at first his illness may try to tyrannize the doctor who is trying to help. Psychological re-education is a means of overcoming this tyranny while permitting the patient to surrender with honor.

Although it is true that the psychoneuroses show the best response to the re-educational approach, this method is helpful also to many patients suffering from psychotic as well as organic illness. Frequently patients with definite psychotic personalities, without active psychosis, function fairly well after re-education with no further treatment. In fact, most people who have recovered from a psychosis should be re-educated in order to remove the scars of illness and prevent recurrence.

Factors Continuing the Psychoneuroses

It is impossible to enumerate in a few words the causes of the psychoneuroses. There are many factors that vary in different people at different times. Likewise, it may be taken as a fundamental truth that the patient seldom reveals all of the basic causes of his psychoneurosis. Usually he keeps one or two of these up his sleeve. This is not because they are not within his conscious knowledge—he knows what they are but often his ego would be shattered by revealing them. Re-education enables a patient to maintain the dignity of keeping some things to himself if he

* Medical Director, Silver Hill Foundation for the Treatment of the Psychoneuroses, New Canaan, Connecticut; Associate Clinical Professor of Psychiatry, Yale University School of Medicine.

Extension of an address given at the Hawaii Medical Association Centennial Meeting, Honolulu, April 23, 1956.

so desires, and still get well. In our opinion, confession and insight make some people sicker rather than curing them.

There are a few common denominators in the psychoneuroses that explain why re-education works so well.

FACTORS IN THE PSYCHONEUROSES

1. Basic fear—guilt
2. Ignorance
3. Unresolved conflicts
4. Secondary gains of illness
5. Failure to accept "either-or"
6. Mistaken philosophies
7. Absence of practical goals and ideals

Psychoneurotic patients are uniformly apprehensive, sensitive individuals who have poor judgment and live by inefficient techniques.

Fear is the greatest single cause of nervousness. The psychoneurotic's apprehension is inherent and fundamental—it never completely subsides, and the patient must learn to live with it. These patients are born with great basic apprehension and it will be theirs until they die. They must accept their fear and learn to use it as a stimulus to courage. Not understanding the nature of their symptoms, and ignorant of psychological principles, they exaggerate and misinterpret their illness. Re-education teaches the patient to deal with basic fear, dispels ignorance, and inculcates techniques of adaptation. It enables an emotionally handicapped and inefficient person to lead a successful life.

Unresolved conscious conflicts prolong emotional illness. Patients often know what is upsetting them, but are unwilling to make definitive decisions. Re-education shows them how such unresolved conflicts cause illness and demands definite clear-cut decisions of conflictual material. It also devaluates the secondary gains of illness by giving the patient impetus to recover.

Directive Re-education

In short, re-education is a directive form of treatment which helps the psychoneurotic patient to overcome fear, displace ignorance with knowledge, adopt better techniques of living, and develop a sound philosophy. It destroys the secondary gains of illness, resolves emotional conflicts, reduces inefficiency and maladaptiveness, and directs the patient toward goals and ideals conducive to a useful life. The re-educational approach puts sex in proper perspective—good when it is part of a good life, and seldom per se a cause of illness. We do not believe that repressed anger causes sickness and we know that it is usually a mistake to express anger. Anger and fear are the most destructive forces in life, and the only antidote for them is love—something most people know very little about.

DIRECTIVE RE-EDUCATION

1. Supplies knowledge
2. Reduces fear and guilt
3. Reveals and helps resolve conflicts
4. Devaluates secondary gains of illness
5. Teaches techniques of adaptation
6. Encourages wise handling of emotions
7. Corrects attitude toward sex
8. Helps patient find new goals and ideals

Method of Procedure

The success of all psychotherapy depends upon the relationship between doctor and patient. The physician must understand the patient, comprehend his preferences and prejudices, estimate his assets and liabilities, and discern his mental mechanisms. He must gauge the patient's physical capacities, intelligence, and sensitiveness, and be aware of his more usual emotional reactions. The physician must know the patient's cultural background and his major life experiences, be able to measure his ability to withstand strain, sense quickly the appropriate approach for a particular patient, and immediately inspire him with the belief: "Here is a doctor who recognizes that I am a worthwhile person and is sincerely interested in helping me." Confidence in the doctor gives him confidence in himself. The doctor is the bridge over which the patient crosses to find belief in himself, in others, and in life. Therefore the physician encourages the patient to lean on him for support, comfort and friendship until he regains his own self-esteem and confidence. The psychoneurotic patient has usually been absorbed in self; has thought of friends in terms of what they can do for him. The doctor teaches him that friendship is an opportunity to do something for another and that by being of service, he enriches his own personality and life.

The first technical step in re-educational treatment is the taking of a *therapeutic* medical history. Through penetrating, significant questions, the doctor elicits important information and expertly leads the patient to reveal the clinical picture, unobstructed by irrelevant and trivial details. The height of the art of eliciting a therapeutic history is to help the patient reach sound conclusions and find answers for himself. Successful re-education

starts with the first interview. The way a medical history is taken tells most patients whether or not they are in the hands of a competent physician, and it tells all psychoneurotic patients whether they are dealing with a "softie," a "smoothie," or a *doctor*. Next, a thorough physical examination performed by the physician himself convinces the patient that he has come, not to a philosopher, preacher, clinical psychologist, or "medical swami," but to a scientific physician. The third step in treatment is the doctor's therapeutic summation of the situation to the patient. On the basis of the history, physical, neurological, psychological, and laboratory findings, the doctor makes a clear-cut diagnosis, and tells the patient what it is—(none of this hocus-pocus of taking him on for a month's "evaluation"). The diagnosis is a full statement of what the doctor sees as the patient's problems: physical, emotional, spiritual, and situational. If the doctor cannot do this after a few days of intensive study, I advise the nervous patient to get a doctor with more knowledge and experience.

After diagnosis, the doctor explains the nature, purpose and carefully prepared plan of treatment and the specific means by which cure or improvement is to be effected. This is, of course, influenced by *how much* the patient can be helped and the length of time available for treatment. In re-education, timing of treatment is as important as it is in surgery. The good psychiatrist does not drift and fumble; he knows what he is going to do, how, and when.

Next the patient is placed on a regime conducive to recovery. If it has been found that his daily home life or work is aggravating his illness, a few hours a week spent in the doctor's office will do a sick person little good. It is axiomatic that the nervous patient under treatment will usually get worse if he does not get better *quickly*. Therefore, if the patient cannot rapidly accept (or alter his reactions to) his situations, he should be placed temporarily in a special therapeutic environment. This should not be a closed hospital nor the psychiatric ward of a general hospital; they are contraindicated for psychoneuroses. The ideal milieu is a psychiatric rehabilitation center where there are a relatively small number of patients, all ambulatory. It helps to be with others who are regaining physical fitness and simultaneously learning to put into practice the principles and techniques of personal mental hygiene. I am absolutely opposed to treating psychoneurotics along with psychotics and in general I do not believe in the atmosphere of sanitaria with nurses in uniform, babying of patients, or association with complaining neurotics. We demand that while under treatment a patient never complain nor discuss symptoms with anyone except his doctor.

PROCEDURES

1. Therapeutic medical history;
   Importance of first interview
2. Medical examination:
   Physical, neurological, psychological, laboratory
3. Revealing the diagnosis to patient
4. Planning treatment:
   - Means
   - Timing
   - Regime
   - Milieu

   Didactic re-education

After the physician has taken a therapeutic history (not too long), completed the medical examination, made a preliminary diagnosis, outlined a plan of treatment, and decided upon the milieu for treatment, didactic re-education is the next and most important step. Once again the doctor explains just what re-education consists of and what is expected of the patient. He must cooperate and allow the physician to take full responsibility in directing treatment. From the very outset it is a good rule not to compromise.

Fundamental Therapeutic Principles of Re-education

The following *psychological principles* are the basis of psychiatric re-education:

1. Emotional release
2. Development of self-confidence
3. Stimulation of latent ability
4. Substitution of knowledge for ignorance
5. Establishment of a balanced life
6. Cultivation of new interests, hobbies, social relationships
7. Healthful use of constructive suggestion
8. Spiritual re-orientation

1. Obtaining *emotional release* through limited ventilation (resulting in empathy and wholesome rapport in the doctor-patient relationship). (Danger inherent in too much ventilation).
2. Development of *self-confidence*—physical, mental, and social—through constructive suggestion and support.
3. Stimulation of *latent ability* through use of intelligence and acquisition of skills (everyone has talents).
4. Substitution of *knowledge for ignorance*, (didactic teaching of the adjustive mechanisms); use of the mental tools of adaptation; self-discipline.

5. Establishment of a *balanced life* under a regime of work, play, exercise and rest, regulated to suit the individual's need. Regimentation makes for efficiency.
6. Encouragement of *adequate social relationships* and *cultivation of new interests,* such as appealing hobbies.
7. The healthful use of *constructive suggestion.*
8. *Spiritual re-orientation:* the defining of new purpose and goals in life; the importance of the ideal of unself-seeking service, efficiently rendered.

It takes a good doctor at least two years to learn well the effective methods of teaching these principles and to know the answers to the usual life problems. These principles and techniques have to be *actively* taught—merely exposing a patient to them does no good. In fact, unless the patient who is exposed to these ideas believes in them and uses them, psychological principles half-learned and half-used may do harm. The psychoneurotic has a tendency to pick up all medical information and use it to fortify his position of illness. I find that many psychoneurotic patients who have been unsuccessfully treated by psychiatrists have been hopelessly "psychiatrized", but even for some of these, re-education successfully breaks up the adhesions.

Teaching Re-education

Re-education must be *taught* by the doctor, who finds a way to place it permanently in the patient's mind so that it is employed automatically —until it becomes as second nature as breathing. Through the neutral process of re-education there is an opportunity for interchange of ideas; the doctor and patient come to know one another and the patient is flattered by having his intelligence valued by the doctor. During the process of didactic re-education, the doctor and patient temporarily put aside sickness and psychiatric jargon while they think in terms of health.

Re-education has this advantage over every other form of psychotherapy; there is no long "waiting period" to attain encouraging results. Intelligence begins to function immediately and results are obvious. The patient sees there is something definite *he* can do about his illness and problems; he has learned principles and techniques which he comprehends and can use effectively at once. We have worked out a definite outline for psychological re-education and incorporated these principles in re-educational pamphlets, which patients take home and consult for years. The pamphlets are taught one at a time, the teaching adapted to each patient's need and degree of perceptiveness. The patient learns the facts of personal mental hygiene in three ways:

First, he is tutored by the doctor, who explains each step in re-education *before* the patient reads it.

This means that doctors who can teach are most successful in treating these patients.

Second, the patient studies the printed material two hours daily, learning it academically, not applying it to his problems.

The printed word still carries conviction which the spoken word lacks.

Third, the patient tells the psychiatrist what he has learned, both verbally by and writing it out.

Group seminars for discussing interpersonal relationships are held concurrently with the didactic re-education. The fact that these seminars are appropriate for the whole group makes the patient realize that he is not "alone" in his problems, not "different" from other people. He learns that about eighty per cent of the people in the world are at one time or another seriously emotionally handicapped, that psychoneurosis is no unusual occurrence, and there is nothing strange or individual about his illness. He comes to understand that "neurosis is the income tax of civilization" and that re-education helps to greatly reduce the tax he has to pay.

Application of the re-education process requires three to four weeks of daily one-hour interviews with the doctor, supplemented by the patient's studying for two hours daily. Concentrating on learning this didactic material keeps the patient from dwelling on his own symptoms and troubles, gives him solutions to many of his problems, and breaks up his habit of thinking of himself as a sick man. Again—since the material is universally applicable, he begins to see that his problems and his life situations are no more difficult than those of the average person.

Equipped with information and techniques for handling problems successfully, he feels in a superior position; he even begins to believe that he can now get along better than most people. Thus, since he no longer needs a neurosis, he is willing to let the doctor take it away from him. This is an important point. The secondary gains of a neurosis are so great, the patient is so afraid, and perhaps has become so neurotically tyrannized that the psychiatrist has to forcibly deprive him of his neurotic crutches. "Give me your stick! Walk alone and erect!"

In the remaining time (two to three weeks) devoted to intensive treatment, the patient discusses his unsolved difficulties and the practical techniques of dealing with them. By this time he is pleased with his obvious accomplishment

and wants to return home and go to work. Throughout the process of treatment the family have kept in constant touch with the patient and the psychiatrist has worked with the family to secure the understanding cooperation of key persons. (The doctor never treats a patient who will not let him see the family.) The patient should not be isolated from family and friends, but should be kept near the firing line—safe, but in sound of the guns—if he is ever to get back into battle.

When trial visits home have gone well and treatment is completed, the patient goes back to work—not on a "trip to Florida." Frequently the neurotic patient must literally be *sent home*. The treatment milieu must not be allowed to become a refuge. Once the doctor is confident he can carry on, better send him home and risk failure—even come back and take another shot at it—than to keep him too long. Some doctors are lazy about this, or perhaps afraid the patients will not do well—and so keep them too long. In my opinion, better a short period of treatment for the neurotic than too long. Send him home and to work on a carefully planned, written schedule of work, play, exercise and rest, with new interests which will make him successful! It is to be hoped he has learned that no one is ever going to get all he wants in this world—unless what he wants is to devote his life to unself-seeking service. Only by serving others without expectation of recognition does any human being learn the meaning of love —the greatest reward on earth and perhaps in heaven.

TEACHING RE-EDUCATION

1. Didactic material taught as follows:
   a. Tutoring by doctor before patients read it
   b. Two hours daily study of re-educational pamphlets
   c. Verbal and written review of didactic material
2. Group seminars on interpersonal relationships
3. Application to personal problems
4. Preparation for discharge
5. Return to home and work
6. Systematic follow-up

Systematic Follow-up

Teaching the re-education is vitally important. When the patient returns home he is like a recently graduated medical student who has learned basic principles and techniques but needs practice under supervision. During the first six months the doctor should keep in touch with the patient by visits, letters, and telephone. We must not be afraid that he will misinterpret our motives; if necessary we must force after-care on him. We consider that the re-educational treatment of a psychoneurotic patient is a life-long adventure in friendship in the fullest sense of that term, not merely an isolated medical experience.

Results

Results obtained through re-education of psychoneurotic patients vary according to the nature of the illness, the individual, his ability to withstand strain and the circumstances of his life. Experience enables the physician to perceive the possibilities of accomplishment for each individual patient, thus justifying prolonged psychotherapy for some, and saving others unnecessary, expensive and unrewarding treatment. Most psychoneurotics can be cured; some helped expeditiously must have further treatment from time to time.

A study of twenty thousand clinical records shows that through the re-education of emotionally ill patients:

The acute psychoneuroses are cured.
Fifty per cent of chronic psychoneuroses are relieved.
Thirty per cent of the remainder are greatly helped.
Pre-psychotic personalities are strengthened.

RESULTS OF RE-EDUCATION

The acute psychoneuroses cured
50% of chronic psychoneuroses relieved
30% of remainder greatly helped
Pre-psychotic personalities strengthened

Conclusions

Psychoneuroses are psychosomatic disturbances induced or enhanced by relevant emotional strain, occurring in individuals with constitutional, experiential or environmental predispositions. The illness is continued by fear, ignorance, and unwillingness to relinquish secondary gains of illness.

The majority of emotionally ill patients are not as interested in what *makes them sick* as they are in getting well but they must understand the precipitating factors of their illness in order to recover and prevent recurrence. The ability to live successfully is dependent upon maturity of personality and character, on an understanding of the environment in which one lives, and a good tech-

nique of adjustment. The majority of man's experiences are common to all human beings; re-education teaches proved methods of adapting to these experiences and situations.

Re-education considers the patient's physical and psychological needs, imparts information which enables him to solve many of his problems; somewhat prevents future emotional complications and henceforth enables him to manage his life wisely. It helps him find new purpose and goals in life by teaching that happiness is a by-product of intelligent usefulness and service.

The one purpose of directive re-education is to restore a worthwhile individual to usefulness and, incidentally, to happiness. This the doctor accomplishes by precept and example, bearing ever in mind Sallust's belief: "Learning is of small repute with me which nothing helped the teachers themselves." Patients need to be able to trust and be fond of their doctors. Physicians must see that they are not disappointed in what may be their first venture in friendship.

Psychotherapy is an integral part of medicine, consciously or unconsciously employed by every physician in the treatment of every patient. It comprises one-third of the therapy in most cases, the total treatment in many. Re-education is a rational, practical method of psychotherapy which every physician can learn to use skillfully — thereby enhancing enjoyment of his profession as well as increasing his usefulness and success. Psychoneurotic patients are many and psychiatrists are few. If all who need treatment are to receive it, they must rely upon practicing physicians who have opportunity to diagnose and treat psychoneuroses before they are full-blown.

One physician who was being trained in the principles and techniques of re-education said: "It is all so wholesome and such damn good common sense that even the psychiatrist has faith in it." This probably helps most of all.

In my opinion we do not need more psychiatrists; we need more doctors who will substitute a little personal mental hygiene for a shot of penicillin—or perhaps inject them both at the same time.

CLIMATE, DIET, AND RACIAL DIFFERENCES IN RELATION TO EMOTIONAL PROBLEMS[1]

CDR. HARRY A. WILMER, MC, U.S.N.R., Oakland, California

Climate is important to man — but the climate outside him may be less important than the climate inside. In both cases it is differences which are of the greatest significance.

AS I contemplated these seemingly diverse elements: climate, diet, and racial cultural differences as one side of an equation and emotional problems as the other side, it occurred to me that, in the simplest terms, this was a social equation, a problem in social psychiatry. In this equation the word "differences" holds the key to understanding. It is *differences* in climate, *differences* in diet, *differences* in peoples' appearance and behavior that lead people to act, think or feel *differently* and to have "emotional problems."



CDR. WILMER

Now don't for a moment think having emotional problems is, in itself, unhealthy. It is in the essence of being a human being. I am referring to the solution of people getting along with each other without sacrificing their important differences—a sort of cosmopolitan "hoolaulea." I am referring to the friendly mastery of what has been called "interpersonal problems."

In our culture a great obstacle to healthy interpersonal relationships is the intolerance to differences, or put in another way, the reward of conformity. In a mass production society, to behave differently, to think, eat or dress differently is not well tolerated. But not only do we jeopardize the friendly living together of people; the artist, the scientist, the creative person, is in greatest danger. He is different because he is *dissatisfied* with things the way they are. He wants change, differences. The champions of complacency, and self-satisfaction are the tyrants to the creative individual.

All of this spells "emotional problems" for everybody. So long as man utilizes his emotional problems and worries to constructive solutions they are good.

It would be foolhardy to tell a man in the world today "don't worry." The goal of the psychiatrist is not to render a man free from emotional problems—not even to free him from the guilt which he deserves, or from certain hostilities which he must have. Man has done battle with hostile climates, with soils which would not yield enough to eat, with gravity which defied his flight, and with water which threatened to flood him. Even more important, he has been hostile to tyrannical enemies, to the forces which would destroy the Golden Rule. In this struggle man's character is not made, it is revealed.

In few places in the world has man more successfully struggled with the tolerance of differences and found a more healthy climate and diet than here in the Hawaiian Islands. Like all advances in human relations this did and does require courage. In this struggle here everyone is involved.

> Never send to know for whom the bell tolls;
> It tolls for thee.

You will note then in this concept of tolerance there is still room for hostilities.

In simple words, there are certain things one cannot tolerate.

Encircling the inside of the dome of the Jefferson Monument in Washington these immortal words are engraved:

> We have sworn upon the altar of God, eternal hostility against every form of tyranny over the mind of man.

In twenty words requiring less than ten seconds

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[1] An address presented at the Centennial Meeting, Hawaii Medical Association, at Honolulu, April 24, 1956. The opinions are those of the author and are not to be confused [*sic*] as those of the Navy Department.

to read is the essence of the message which I bring to you. Disease, malnutrition, prejudice and the violence of emotional storms, as well as evil, are tyrants over the mind of men.

In a sense what I am saying is that the climate of man's spirit is the most important climate. And both climates are subjects of scientific study. That of the outside began in 5 B.C. in the work "Airs, Waters, and Places" by Hippocrates, the Father of Medicine. The scientific study of the inner climate of man is not quite as old as the Hawaiian Medical Association, and the greatest hunger of man is not food, but love. These two in the earliest moments of his life, at his mother's breast, are one and the same.

It is beyond the scope of this paper to delve deeply into so-called "racial cultural" differences. The triumph over the differences is not only living with and tolerating the differences but it is awareness that human beings are more alike than different.

The Bible tells men: "Thou shalt love thy neighbor as thyself."

Mohammed tells men: "No man is a true believer unless he desireth for himself."

The Proverbs of Hindustan tell men: "Preserve the character of others so that they may preserve yours."

Abraham Lincoln told Americans at war: "With malice toward none and with charity for all."

These then are a few of the expressions which transcend racial cultural differences. It would be all too easy to point to man's failures. It is rather to his triumphs we should look at this Centennial.

I should like to summarize my own feelings on the topic I have been assigned by a poem I wrote flying on the Mars enroute to Hawaii:

Climate is not the weather
Neither is it anything or something
For it is many things
To many people at many places
Where they were born and where they want to live.

Climate is outside of man
Climate is also inside of man
There are storms both places
Neither is more violent than the other—or more fearful.

Also climate is calm and soliloquy
It is after and before the storm
And it is also when there is no storm coming
And none gone—but recently
The essence of climate is change.

And it is the differences of different peoples
Like there are differences between men
Here and there, where you live and where I live
And places where neither of us live
Men are different one from another.

Yet they are more alike than different
In looking and feeling and thinking
They satisfy their hungers in somewhat different ways
And with somewhat different foods
But their hungers are the same.

Man has conquered air and some of space
Man has conquered the soil and some of the deep places
Man has conquered things and places and spaces
But man has not conquered himself
Neither has he been conquered.

Man struggles with himself for good or for evil
Man struggles with his neighbor
Man loves good, also his neighbor when man is well,
When the climate of his heart is restive and alert
When his diet is almost satisfying his really-hungers.

When in greater hunger
When in greater pain and tempest
When in greater conflict with his brothers
Man turns neither to food nor air
Neither to heat nor cold
But to his mother and the land from which he comes
And to his father and at last to God.

MALIGNANT HEMANGIOPERICYTOMA

A Case Report

S. E. DOOLITTLE, M.D.,* and W. HAROLD CIVIN, M.D.,† Honolulu

A rare and lethal metastasizing malignancy is reported by an internist and a pathologist. The primary site was found only at autopsy.

A CASE of disseminated malignant hemangiopericytoma was followed from the time of its accidental discovery by means of chest roentgenogram to death only a little over a year later. The case is of unusual interest in that the disease, in metastatic form at least, is very uncommon. In our case dissemination to lungs and lymph nodes occurred from a focus which never reached the clinical level. The case report and autopsy findings are presented.



DR. DOOLITTLE

Case Report

P. N., a 28 year old Japanese girl, went to Japan in August, 1951, to work as a medical stenographer, a civilian employee of the U. S. Army. At the completion of two years' work, she was returning to her home in Honolulu and had a routine "discharge" chest roentgenogram taken. This was reported to show "granular shadows in the lower lobes like pneumonoconiosis or pulmonary fibrosis." The only respiratory symptoms having possible significance, in the patient's mind, had occurred during a visit to Mt. Fuji the summer before. The last part of the climb to the top was attended with distressing shortness of breath and weakness. At the time of her first visit, occasional cough or clearing the throat of clear mucus was reported.

Physical examination on first visit to the Straub Clinic on August 28, 1953, was essentially negative except for a typical "port wine" nevus of the right cheek and slightly dusky nails. This port wine or flame nevus had been seen by Dr. Harry L. Arnold, Jr., in 1949, and he recommended tattoo treatment. This was accomplished in New York City with considerable improvement. Dr. Arnold did not believe that this lesion was related in any way to the subsequent course of events.

In August, 1953, the patient weighed 114 pounds and had a normal temperature, pulse and blood pressure. She exhibited no evidence of respiratory difficulty, malaise or toxemia. An x-ray taken on August 25, 1953 (Fig. 1) revealed no essential difference in the extent or general appearance of the bilateral lower lung seeding. A pathologic fracture of the sixth rib had appeared. Subsequent laboratory and other examinations gave the following findings: red blood count, 4.9 million; hemoglobin 15.6 grams; white blood count 5,450 with 78 per cent polys, 19 per cent small lymphocytes and 3 per cent eosinophiles. Sedimentation rate was 3 mm. in 60 minutes. Tuberculin test (with .0001 mg. PPD) was negative, as was a histoplasmin skin test. Sputum smear revealed gram-negative and positive diplococci and other cocci, but no acid-fast organisms were seen on this or subsequent sputum examinations. Cultures for tubercle bacilli and for fungi, and cytologic studies, were likewise negative. Pelvic examination was limited by an intact hymen, but rectal examination by Dr. Herbert Bowles, and other examinations for focus of origin of the pulmonary lesions, were unrewarding. Little change in the clinical picture or findings occurred over the first three months of supervision.

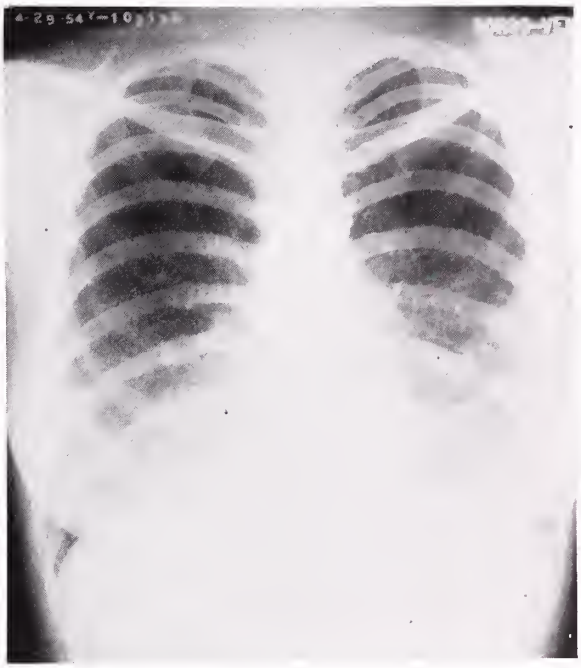


FIG. 1.—Chest roentgenogram, August 28. 1953, showing bilateral reticular and granular shadows involving the lower two-thirds of both lung fields. Fracture of sixth rib, right, anteriorly.

A report by L. A. Shefts, *et al.*,[1] of results of 205 scalene node dissections on 187 patients (giving a positive diagnosis in 67 persons or 35.8 per cent of the total subjected to this biopsy) encouraged us in the idea of having this done. This was finally accomplished on De-

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[1] Shefts, L. M.; Terrill, A. A., and Swindell, H.: Scalene Node Biopsy, Am. Rev. Tuberc. 68:505 (Oct.) 1953.

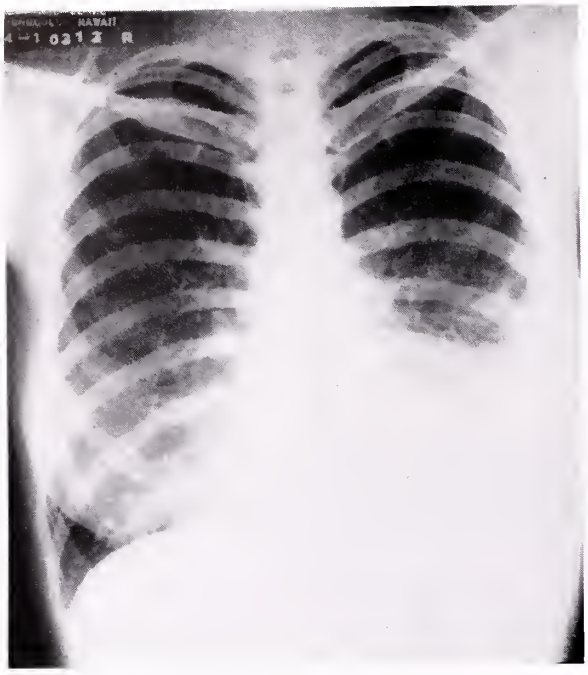
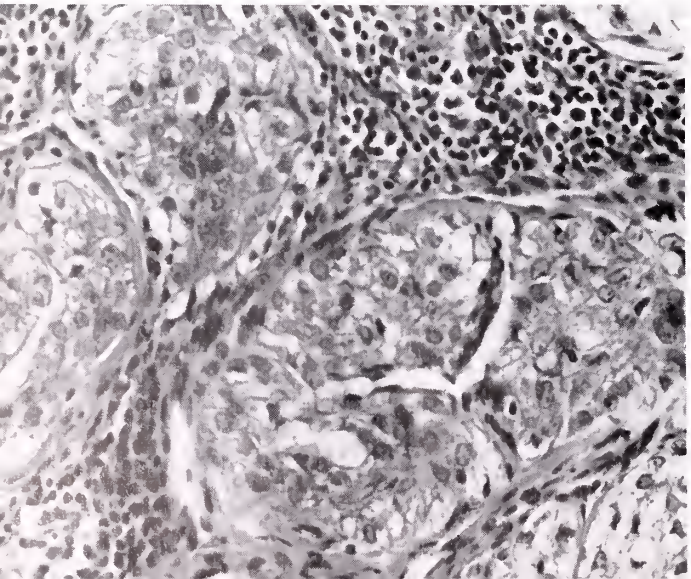


FIG. 2.—Chest roentgenogram of June 14, 1953, showing pleural effusion, left, with fluid line at fifth anterior rib, which rib is involved by a new "pathologic" fracture.

cember 28, 1953, after it had also been urged by an Army physician as a necessary prerequisite to re-employment by the Army.

Dr. C. M. Burgess removed four or five "not grossly abnormal appearing lymph nodes" from the region of the left scalenus anticus muscle. One of us (W.H.C) made a totally unexpected diagnosis of "Grade I malignant hemangiopericytoma, metastasizing." The diagnosis was thereby solved, but the course and prognosis were quite uncertain due to the scarcity of reports relative to the malignant form of hemangiopericytoma.

A course of x-ray to a total of 8000r applied to the chest was carried out over the next two months. Within a month after completion of the course of x-ray therapy, cough and blood spitting increased considerably and chest roentgenogram showed spread of the disease.



The roentgenogram of June 14 (Fig. 2) showed a new pathologic fracture of the fifth anterior rib and beginning pleurisy in the left base. Respiratory reserve was decreasing rapidly, cyanosis was regularly evident, and hemoconcentration was demonstrated by hemoglobin of 17.8 grams and red blood count of 5.76 million. White blood count was 7,900 and sedimentation rate was only 1.5 per cent. Dr. Paul Gebauer, seeing the patient in consultation near the end of June, suggested the likelihood of pulmonary hypertension secondary to pulmonary disease plus x-ray reaction. He suggested venesection (and one was carried out, without relief of symptoms) and a course of ACTH and cortisone. The latter was started on July 2. Following a severe attack of dyspnea, increased cough and bloody sputum, the patient was admitted to The Queen's Hospital on July 14 for further symptomatic and supportive treatment. Some edema of extremities was now present and fluid in the left chest was evident on physical examination and x-ray. A diagnostic aspiration of the left chest on July 16 gave 150 cc. of cloudy bloody fluid. This fluid was negative for organisms by smear and culture, and cytologic studies were not revealing. The cloudiness was identified as being due to fat or chyle. The same negative bacteriologic and cytologic findings were obtained on several later aspirations.

Therapeutic aspirations of 1200, 700 and 500 cc. of fluid were made between July 24 and August 19. In addition, oxygen by nasal catheter, iodides, cortisone, Aureomycin, Aerolin compound by inhalation and Diamox were exhibited and continued without significant benefit. Course was afebrile but steadily downhill, with increasing respiratory difficulty, general weakness, anoxia and generalized edema as outstanding symptoms. The end came with sudden coma on August 23. An autopsy was performed two hours after death.

Pathology

At necropsy a midline retroperitoneal tumor extending almost equally on both sides, measuring 25 × 10 × 2 cm. and weighing 280 grams, was found. It was soft and fluctuant, with areas of cystic degeneration, and adhered to and invaded surrounding tissues. The growth extended cephalad to involve the renal vessels and caudad along the inferior vena cava to the iliac vessels especially on the right, where it reached the femoral canal. Both ureters were loosely incorporated into the mass.

On section the tumor was soft to mushy, and reddish-brown, and exuded blood. Metastases to the paraortic and mediastinal lymph nodes and the lung were found.

The microscopic pattern of the tumor consisted of clumps and masses of elongated cells in some areas and of epithelioid cells in others, bordering numerous vascular channels (Fig. 3). The elongated cells resembled smooth muscle cells without myofibrils and the epithelioid cells were polygonal, large and pale.

Special silver stains indicated the extra-littoral location of these cells, which were separated from the vascular lumens by a thin reticulin sheath (Fig. 4). The picture was that of a hemangiopericytoma which was malignant and had metastasized. The lesion in no way resembled the malignant paraganglioma of Smetana or the alveolar soft part sarcoma of the Memorial group.

Death was apparently due to respiratory failure, with 4000 cc. of bloody chylothorax bilaterally, 5000 cc. of

FIG. 3.—H. E. sections of lesion showing cells bordering vascular spaces. X450.

chylous ascites, chronic pneumonitis due either to adjacent tumor or irradiation, or both, and metastatic tumor, all contributing. The chylothorax and chylous ascites appeared to be due to involvement of the thoracic duct by the mediastinal nodes.

Discussion

Hemangiopericytoma is the name given to a particular type of vascular tumor by Stout[2] in 1942. The name was assigned to the lesion because of its vascular character and because of its origin, supposedly from cells related to the pericytes described by Zimmerman. Pericytes are cells with contractile ability applied to outer walls of capillaries and related to smooth muscle cells. Stout in 1949 admitted that when he christened the tumor, he had no scientific reason for his particular designation. However, he and Murray delineated the composite cells in tissue culture as being epithelioid, a characteristic also of the glomus tumor. As time went on, most authorities, at least in the literature, accepted this tumor as an entity and subscribed to Stout's interpretation of its histogenesis.

The glomus is felt also to be a tumor of the pericyte and is differentiated from the hemangiopericytoma by the findings that the former has an organoid appearance, is usually superficial, and is almost always painful.

The histology of a hemangiopericytoma is remarkably varied.[3, 4] The tumor may be frankly vascular, with concentrically layered plump spindle-shaped cells, shown by special stains to proliferate outside of a thick collagenous sheath or a thin reticulin membrane. In some areas the cells may be in no particular arrangement. In still other areas, perivascular nests of cuboidal and polygonal epithelioid cells may be seen. The pericytes, either spindle or epithelioid, may occur in units or groups through or around which course capillaries. If a special silver stain is used, the capillaries can be recognized and the tumor cells are present outside the perivascular sheath.

The pericyte, as stated before, is closely related to the smooth muscle cell but has no myo-



FIG. 4.—Modified Gomori reticulum stain showing extralittoral location of cells and delineation of numerous spaces.

fibrils. Stout[5] and others have seen a number of cases which might be considered either as leiomyosarcomas or as hemangiopericytomas.

As yet separation of benign and malignant hemangiopericytomas is not always possible microscopically, and if the lesion is extremely malignant, it may be impossible to classify histogenetically.[6, 7] Often the clinical and gross findings (invasion and metastases) are more important than the microscopic picture in establishing malignancy or benignity. In the present case, an apology must be made to Stout, who is not a proponent of grading lesions, but "Grade I" was used to designate clinical malignancy in the absence of marked histological anaplasia.

In the first 25 cases of hemangiopericytoma reported by Stout, 4 were retroperitoneal. In a later series of 340 retroperitoneal lesions, Stout found 18 hemangiopericytomas. On the other hand Pack and Tabah[8] in their summary of 120 retroperitoneal tumors recorded only 1 hemangiopericytoma. It may be of interest that their case was still alive at the time of reporting, although, in general, Ackerman[9] states that retroperitoneal hemangiopericytomas are almost always impossible to eradicate by the time they are recognized clinically.

[2] Stout, A. P., and Murray, M. R.: Hemangiopericytoma, A Vascular Tumor Featuring Zimmerman's Pericytes, Ann. Surg. 116:26 (July) 1942.

[3] Stout, A. P.: Hemangiopericytoma, Cancer 2:1027 (Nov.) 1949.

[4] Stout, A. P.: Atlas of Tumors of the Soft Tissues, published by Armed Forces Institute of Pathology, 1953.

[5] Stout, A. P.: Seminar on Tumors of the Soft Tissues, Am. Soc. of Clinical Pathologists, Chicago, Ill. (Oct. 19) 1951.

[6] Forrester, J. L., and Houston, R. A.: Hemangiopericytoma with Metastases, Report of a Case with Autopsy, Arch. Path. 51:651 (June) 1951.

[7] Wise, R. A.: Hemangiopericytoma, Surgical Consideration, A.M.A. Arch. Surg. 65:201 (July) 1952.

[8] Pack, G. T., and Tabah, E. J.: Primary Retroperitoneal Tumors, Internat'l. Abstracts of Surg. 99:313 (Oct.) 1954.

[9] Ackerman, L. V.: Surgical Pathology, The C. V. Mosby Co., St. Louis, 1953, p. 725.

"TOO MANY MEDICAL MEETINGS"

Suggested Plan for Local Reorganization

MARTIN H. LICHTER, M.D., Honolulu

ON INTRODUCTION of this controversial subject, it can be categorically stated that no medical man can afford the smug virtue of being too withdrawn nor deprive himself of a stimulating evening of education, nor can he honestly justify his absence by presuming he is adequately informed. On this premise we would assume that a man is wiser proportionate to the hours spent at diligent scientific assembly—the purpose of which, primarily, affords a means of study and discussion on topics of current day medical interest. To this basic premise there is no challenge, particularly where meetings are diversified in character and subject materials carefully selected and of practical common day interest to us all. The audience, composed of busy doctors, are conscientious, progressive people who expect and with every justification a program of intensive instructive worth to feel well compensated for their attendance.



DR. LICHTER

But this factor of attendance—"another meeting" ultimately does become a rebellious chore—not only because of the weary characteristic of one's make-up, but, also because of the disturbing domestic factor it potentially engenders. The wife and children seem neglected, the journals are piling higher—even the yard work reflects some degree of negligence. Let us then investigate and see what could be accomplished by an analysis of all our monthly commitments both professional, civic or domestic which when reappraised would also afford an occasional evening at home for purposes of relaxation or perhaps some study of neglected literature.

An article published by Dr. James C. Fuller in an issue of *Medical Economics,* entitled "Too Many Medical Meetings,"[1] reports in substance what the Omaha County Medical Society experienced and recommended after a factual study of this generally prevailing problem.

Omaha, as you know and for purposes of comparison, represents a township equal to ours, a population of 250,000. It has nine hospitals, two medical schools, specialty society groups, innumerable hospital, society and committee meetings—in short, much of same commitments we have been experiencing locally. Physicians of Omaha, "run ragged" by their ever increasing organizational demands, began asking themselves, "Is this meeting necessary?"

The mounting abuse of too many medical meeting was reflected primarily at their County Medical Society level where less than ten percent of their 400 membership usually turned out. Our own attendance probably runs better, yet varies a great deal as you know depending upon the program presented and the controversial character of the subject at times under discussion. To solve their local problem of "playing hooky" the Omaha Committee for Reducing Medical Meetings got under way. Like so many of us, they too were under the impression that it was compulsory for a hospital to have twelve staff meetings annually; otherwise it would be removed from the accredited list. But on appropriate inquiry they were promptly informed by the joint committee on hospital accreditation, that if other hospital standards were kept at high levels, only four staff meetings annually were required. Not only did the Omaha Medical Society unanimously approve the idea of minimal meetings, but the hospitals of the city agreed to try it out. Most hospital administrations welcomed the plan because reducing their meetings to a quarterly basis eased their work load considerably in planning dinners and program materials. Thus, in one fell swoop, 72 meetings a year were eliminated. Even more significant were the results noted at the first meeting of their County Medical Society after the program went into effect; over one-half of its membership turned out. Impressed by this turn out, (the largest attendance in over a decade) the society improved its programs because of the obvious receptive attitude of the men in attendance. With this plan now invoked in Omaha it appears certain that similar trends may be established elsewhere.

Now let us focus our attention upon the trend of medical meetings scheduled in the City of Honolulu, remembering that there is no panacea for this problem but that this should not necessarily preclude its discussion and possible solution on basis of proper rationalization.

Received for publication August 25, 1955.

[1] Fuller, J. C.: Rx for Too Many Medical Meetings, Medical Economics 29:103 (Sept.) 1952.

There are five civilian and one military hospitals in this city, representing a varied degree of individual staff affiliations. Some doctors claim one staff appointment, some two, others three and more, but as an average most of us are members of at least four hospital staffs. In addition, some doctors are also on various consulting staffs of military hospitals and municipal sanitaria.

To my knowledge, all hospitals now require at least one conference monthly—twelve per year or if multiplied by the average affiliation of four hospitals per doctor, makes a total of 48 conferences attended by most of us annually. Of course there are other scheduled meetings attended by many doctors particularly those showing considerable leadership, such as hospital committees, public relations, surgical and medical boards, departmental staff groups, tumor clinics, trustees, building, library, public health and civic groups plus countless others all attended by medical men in addition to those to which they are primarily committed. When the County and the individual specialty society meetings are also figured into this tally, one wonders how an average doctor maintains reasonable health and a happy home under these busy circumstances.

Such a schedule can be likened to that of a college curriculum—many subjects, many classes and many instructors. Each instructor, ambitious as well as conscientious—in fact too conscientious by loading his students with required assignments —without regard to—in fact oblivious of, other classes and instructors who each in turn burden the poor student with tremendous, extra requirements to a point of sheer frustration. This is precisely what's happening to our medical men at all levels; few seem seriously interested, and none or relatively few appear to give a damn.

As a suggested solution to this problem, I would urge that the Honolulu County Medical Society appoint a study group to consider the following possibilities of coordinating our meetings and our commitments:

1. To approach the various hospital directors or administrators, in effect, to amend if necessary their constitution and by-laws to reduce their C.P.C. conferences to the minimum required — four meetings annually. Such meetings to be held as usual at the respective hospitals during the first four months of each year or held quarterly. (Please note, I am referring to C.P.C. conferences only.) If this procedure is considered inadvisable or inadequate, I would suggest the following alternative:
2. Have a combined C.P.C. conference represented by at least four hospitals held once a month at the Mabel Smyth Building on some specific designated evening starting at 7:30 P.M.

   Every procedure normally conducted by these individual hospitals, would be continued as formerly such as statistics, new business, announcements, etc. conducted by the respective chiefs of staff followed by the usual case presentations of one-half hour per hospital but not to exceed a forty-five-minute presentation. Thus in a period of two hours all hospitals will have been heard and adjournment made possible at 9:30.

   Under this procedure the customary twelve meetings per year are continued—but are now centrally combined and heard with other hospitals under one roof, thus eliminating thirty-six meetings annually per doctor. If desired, the hospitals may at their own discretion have one dinner or luncheon meeting at their respective hospitals annually for election of officers, airing personal problems, etc.

Medical meetings are too numerous and too long. Hospital CPC's should be limited to four per year or combined with one another. Specialty society meetings should be coordinated into quarterly medical seminars. The County Medical Society should not attempt scientific programs, unless by sponsoring these seminars.

I would earnestly indulge your attention to this second proposal which permits a jam-packed informative evening session certainly worthy of any doctor's attendance. A trial period of one year is here suggested.

The fear of depleting a hospital of its interne and resident staff attending these conferences once a month is not a serious problem and I am sure it can be resolved under appropriate administration so that all or a portion of these young doctors can attend.

Specialty Societies

In all fields of civilized endeavor, specialization has been a natural consequence of the steady acceleration of learning. The more we've learned, the faster we've learned, until the stock of knowledge became so large that it had to be divided and decentralized if it were to advance further. Now each division has subdivisions until the whole arrangement suggests a poet's comment of fleas:

> Great fleas have little fleas upon their backs to bite 'em,
> And little fleas have lesser fleas, and so ad infinitum.
> And the great fleas themselves, in turn, have greater fleas to go on;
> While these again have greater still, And greater still, and so on.
>
> (Nothing derogatory is here intended.)

Other elements of possible coordination are the specialty groups and their value here is inestimable. The recognition of such groups as specialty societies with specific didactic interest is unquestionably here to stay. But functioning as individual

entities, segregated for specific group interests only and without occasional integral cooperation with other specialty groups or the entire medical fraternity certainly appears inadvisable. Meetings of such groups, I understand, are usually held once a month or every other month. All such groups usually have their own active program committees. It is recommended that the various program committees of specialty groups coordinate their scientific programs and work in harmony with each other, arranging if possible, a quarterly medical seminar of related interest where at least two or more closely related specialty societies may be represented for a combined evening's program, such as: surgery and gynecology, internal medicine and general practice including pediatrics, which are forms of general medicine, and isolated group presentations of general interest such as psychiatry, dermatology, urology, T.B., allergy, x-ray, anesthesia, etc. This procedure does not increase the number of specialty meetings, it only provides a meeting of greater didactic quality of maximum impact for allied medical consumption, again certainly justifying anyone's attendance. With such cooperation, these societies can do a genuine service for the entire medical profession without obvious division and still retain their own purposeful identity. Moreover such unification provides more than a token audience which is especially desirable for the morale of the speaker who has spent a great deal of time in the preparation of his paper and deserves greater audience representation.

Speaking unofficially for the General Practitioners, of which I am a member, I am sure we as a group would be grateful for these combined seminars and we could probably arrange to have these programs transcribed whenever possible for our academy's membership residing on outer islands to augment their difficult teaching requirements of 150 credit hours.

One would argue that the educational program herein proposed is not the prerogative of special groups, that the County Medical Society might feel jeopardized in relinquishing its teaching monopoly which may seemingly relegate the society to secondary importance. To my mind, in this day and age this deviation in our basic society organization is of utmost importance and it is here specifically suggested because of economic trends which dictate this expediency. Undeniably, matters of serious economic import have plagued our medical profession for the past 20 years which have affected and will unquestionably affect us more seriously as time progresses. There must, therefore, be a time and place for more adequate discussion of current economic and related problems, and its place I believe should be first and foremost before each County Medical Society where it belongs. If time permits, scientific programs may be added, but in the interest of specific individual requirements it appears henceforth advisable to seek current medical teaching materials arranged for and prepared by the respective sectional medical society to which you now belong or may later affiliate with.

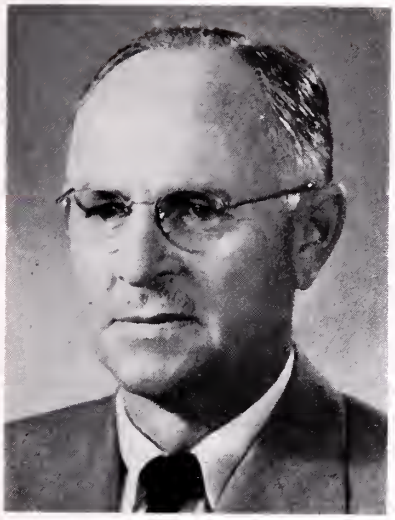
To by-pass or de-emphasize the relative importance of your County Medical Society would, of course, be ridiculous. It always is and should remain the fountainhead of all local groups but should help integrate and lend more recognition to the existing need for specialty societies and appreciate its potential value as our primary teaching agent.

If the County Medical Society still wishes to retain its teaching prerogative it can continue to accept scientific material from all specialist groups on invitation, but I doubt the wisdom of increasing the length of its present meetings, or necessarily curtailing it at the expense of economic business problems at hand. The County Medical Society then faces the alternative of either relinquishing its time-honored position in this field altogether, or retaining this leadership by presenting the quarterly program suggested above prepared by the specialty societies under the sponsorship of the County Medical Society.

These suggestions, I believe, are necessitated by the constant changing trends in the whole complexity of medical organization and this complex factor must be dealt with in the interest of conserving human frailties represented by its membership. A tired horse can be whipped to death or to a standstill and a doctor conceivably is just as vulnerable.

To summarize, I have herein suggested a plan by which the annual number of doctor's meetings can be drastically reduced without materially affecting the minimal requirements of various hospitals or specialty groups. Also, I have suggested a plan by which some coordinate activity of all groups might be effectively integrated to present a maximum effective means of medical education in the City of Honolulu.

Alexander Young Bldg.



WEBSTER BOYDEN, M.D.

The President's Page

When we consider the adenotonsillectomies comprise from one-fourth to one-third of all surgery done in the United States it seems that the subject might well be seriously reviewed. The material on this page has been gathered from recent pertinent articles and because of limited space is presented in brief form.

The indications for tonsillectomy and adenoidectomy are: repeated frequent attacks of acute tonsillitis with local and systemic manifestations; to relieve obstruction (respiration, speech, ingestion of food); to prevent ear complications. One authority states: "These conditions are found mainly in children, and if not severe enough to cause irreversible complications they tend to regress in late childhood." Tonsillectomy should be done after tonsillar and peritonsillar abscess. It is also advocated prophylactically in congenital heart disease, against subacute bacterial endocarditis.

There are no absolute contraindications except possibly a severe blood dyscrasia or acute upper respiratory infection. The relation of adenotonsillectomy to poliomyelitis remains unsolved, but authors during the past few years seem to agree that nose and throat operations do not increase the incidence of poliomyelitis. If adenotonsillectomy is performed between two to four weeks before the onset, the incidence of the bulbar type will be increased about two times and the severity from two to four times. A common opinion, as voiced by one author—"*Elective* tonsillectomies should be restricted during epidemics." If the above indications are strictly observed, the operation is of unquestionable benefit.

Passing now to the *elective* cases, if operation may be safely postponed until the end of a polio epidemic, or until the end of a school term, it appears reasonable that it might well be postponed an additional six or eight months or longer, providing only that the above indications are not ignored. Indicating a definite conservative shift of opinion are these observations: "the operation has no value in preventing upper respiratory infections"; "allergy is not an indication, though it may be a contraindication, and those not helped by the operation may have had an unrecognized allergy"; "local infections in the tonsils are no longer given much consideration as a factor in such systemic diseases as rheumatic fever, chorea, nephritis and nephrosis."

It thus appears that we may have been over-zealous in removing what have been considered "foci of infection"—foci for several conditions of unproved relationship to diseased tonsils and adenoids.

W. Boyden

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[EDITORIALS]

Radiogenic Cancer

How safe is radiation therapy—or incidental radiation? It took a decade or two, after the discovery of x-rays half a century or so ago, to find out that single doses in excess of a skin erythema unit (or their equivalent in fractionated doses) could cause permanent radiation injury and, sometimes, skin cancer. Since then, radiologists and dermatologists have for the most part taken great care not to produce such reactions when treating non-malignant disease with x-rays or radium.

Radiation sensitivity of skin and blood cells has been the main criterion in determining the safe upper limits of intensity of accidental exposure to radiation in those working with it. It has been generally felt that amounts of radiation within the limits of sensitivity of these structures could be ignored, and that if the intensity of radiation was very low, the total permissible dose was almost unlimited.

Two recent developments cast some doubt on the safety of these supposedly reliable criteria. Nobel-prize-winning geneticist H. J. Muller, writing in the *Scientific American*,[1] points out that the production of genetic mutations by radiation is proportionate not to the intensity, but to the total dose. The spontaneous rate of mutations, which is about 0.2 per individual per generation, is equivalent to the mutagenic effect of about 40 roentgens of radiation. He reaches this conclusion by two different mathematical approaches,[2] and supports it with the cited observation that the offspring of U. S. radiologists have a statistically significantly higher rate of congenital abnormalities than that of the population at large.

Of perhaps even more immediate significance is the gradually growing realization that exposure to relatively small total doses of ionizing radiation of very low intensity may increase the risk of occurrence of thyroid cancer and of leukemia.

The first evidence of this was the observation that radiologists have more than their share of leukemia, and that survivors of the Hiroshima explosion were similarly afflicted. The second, first reported by Duffy and Fitzgerald in 1950,[3] was the observation that thyroid carcinoma was commoner in children and adolescents who had received small doses of radiation to the neck in infancy or early childhood, for thymic enlargement, the adenopathy of pertussis, and other benign conditions. There is some circumstantial evidence to suggest that leukemia is also commoner in such children.

It is possible, of course, that subclinical leukemia is an important factor in giving rise to the sort of symptoms that would lead to such irradiation's being given. It is also possible that children who develop such lesions (thymic enlargement, hilar adenopathy, etc.) have innate susceptibility to leukemia (and perhaps also thyroid carcinoma). But it may be, even if these explanations have some validity, that very small doses of radiation to these relatively radiosensitive structures are potentially carcinogenic.

The evidence as it now stands is critically reviewed by John Dennis in an editorial in the

[1] Muller, H. J.: Radiation and Human Mutation, Scientific American 193:58 (Nov.) 1955.
[2] Muller, H. J.: How Radiation Changes the Genetic Constitution, Bull. Atomic Scientists 11:329 (Nov.) 1955.
[3] Duffy, B. J., and Fitzgerald, P. J.: Thyroid Cancer in Childhood and Adolescence. Report of Twenty-eight Cases, Cancer 3:1018 (Mar.) 1950.

March issue of the *Annals of Internal Medicine*.[4] He concludes that proof of the causal relationship is still incomplete, though he finds it alarming enough to justify the recommendation that, pending further studies therapeutic ionizing radiations should be reserved for the treatment of cancer.

It seems to us that the practicing physician should balance certain gain against possible harm. Roentgen therapy for localized non-malignant disease is so valuable, and the likelihood of doing harm with it so slight, that it seems unnecessarily cautious to stop using it on the basis of such scanty evidence. Perhaps irradiation of the infant thymus on suspicion of its being enlarged should be done less often, or not at all. Certainly personnel exposed to the risk of scattered radiation should, if of childbearing age, be shielded somewhat more carefully. But until better evidence is available, it seems premature to advise abandoning x-ray therapy except for cancer.

The Disability Freeze

The Disability Freeze provision in the Social Security Law permits people who have prolonged disability to apply to have their social security records frozen for the period of disability.

Your patients who have disabilities which prevent them from substantial gainful activity have the responsibility for getting the medical evidence to support their claim for benefits under the new provision. The disability must have existed for 6 months and be one which may be expected to be permanent. The benefits to your patients are twofold. First, the permanently disabled may still enjoy their social security benefits though they are no longer able to contribute to the Social Security Fund. Second, the Territorial Vocational Rehabilitation Agency may be able to underwrite the cost of rehabilitation services for remediable disabilities. Your Territorial Vocational Rehabilitation agency must have sufficient clinical data for reviewing the applicant's situation. Especially important are date of onset, nature of the disability, when it made employment impossible, degree of dependency, and of great importance is your prognosis. Through comprehensive rehabilitation programs, many disabilities which have heretofore been considered permanent and without remedy, may now be modified and with selective placement they may once more become gainfully employed.

All reports are confidential and returned by the physician.

R. F. SHEPHARD, M.D.

[4] Dennis, J. M.: Association of Irradiation with Neoplasia in Children and Adolescents (Editorial), Ann. Int. Med. 44:579 (Mar.) 1956.

Physicians as Citizens

Every man is, first, a citizen of some community.
—ROOSEVELT (THEODORE)

Doctor, do you know what 100 new employees can mean to the economy of a community? The U. S. Chamber of Commerce, according to a recent article in the *J.A.M.A.*, says they mean, among other things, $590,000 more personal income per year, $270,000 more bank deposits, 174 more employed persons, 4 more retail establishments, and $360,000 more retail sales per year. What this would mean to *your* income seems obvious. And this is what your Chamber of Commerce is basically trying to do—among other things—for your community.

If you feel that in spite of this there are still reasons why you should not join your Chamber of Commerce, take a look at your last December 10th issue of the *J.A.M.A.* and read over the list of reasons why you shouldn't join it. You will probably find three or four reasons you hadn't thought of. But more importantly, you'll find convincing answers to those objections.

The author of the article, Dr. Edgar Dessen, of Hazleton, Pennsylvania, concludes that there are three classes of people in any community: those who live *off* it, those who live *in* it, and those who live *for* it. All doctors, needless to say, belong by virtue of their professional activity to the third of these groups. But this isn't enough to warrant any complacency about our good citizenship. If we're not contributing something outside of our professional work toward the betterment of our community, we're shirking our responsibility as citizens. Joining your Chamber of Commerce—and working for it, too, if you can spare the time—is one good way of acquitting yourself of this responsibility. Are you doing it?

This is What's New!

James Thurber, writing in *The New Yorker* last year, turned his sharp pen on those responsible for the disease, polysyllabic **monstrosititis.** He presents good evidence that this disease, once relatively benign, has in the last few years assumed many characteristics of malignancy. After noting that our presses and radio were enhancing the syndrome of the great big blocky words and bumbling phrases, he was hospitalized. Here the disease was evident everywhere. After this experience, he urges the creation of a new specialty, that of **psychosemantics.** The trained psychosemanticist will attempt to correct the "havoc wrought by verbal artillery upon the fortress of reason." (*The New Yorker*, May 28, 1955, reprinted in *Science*, April 27, 1956.)

* * *

Nucleic acid, the stuff genes are made of, may help solve the riddle of cancer. C. P. Rhoads, of the Sloan-Kettering Institute, summarizes progress to date. Cancer cells differ considerably from normal cells in regard to nucleic acid metabolism. Chemotherapeutic agents, such as nitrogen mustard, seem to work by destroying nucleic acid while x-rays depolymerize nucleic acids. Even penicillin works by interfering with nucleic acid metabolism in bacteria reproduction. Studying the effect of anti-cancer drugs on nucleic acid has been accelerated by the ability to grow human cancer tissue in the test tube, in egg embryo, and in animal implants. Several types of transplantable cancer in animals can be destroyed by use of the right combination of systemic chemotherapy. Control or cure of human cancer may also soon depend upon merely the selection of the right pill. (*Med. Clin. North Am.* [May] 1956.)

* * *

Also from the Sloan-Kettering Institute, surgeons report the results of **hypophysectomy** in the treatment of advanced cancer. Seventy-nine patients with advanced cancer were operated upon in the hope that removal of the pituitary might eliminate some factor, or factors, essential to the growth of cancer. Results: Mortality fairly high, slightly greater than 12 per cent. Of the surviving patients, less than half obtained objective remissions. Conclusion: As yet there is no way to determine which patients might be benefited by hypophysectomy. (*J.A.M.A.* [May 5] 1956.)

Aortography by Diodrast, or other radiopaque iodide solution, may cause serious spinal cord lesions. Deaths from paraplegia, mesenteric thromboses and renal failure have been reported. Investigators at Duke University injected Diodrast and Urokon into the aorta of dogs and subsequently studied the spinal cords. Some of the dogs developed spastic paraplegia with evidence of necrosis of the spinal cord, most marked in the grey matter. The severity of the damage was increased by injecting a large volume of contrast media close to the site of a major radicular artery. Apparently, the complication of paraplegia following aortography is not too rare, even though there are not, as yet, numerous reports in the literature. Both discussants of this paper mentioned an unreported case of their own. (*A.M.A. Arch. Surg.* [Jan.] 1956.)

* * *

Cryoglobulins, a group of serum proteins which are precipitated on exposure to the cold, have been reported in a number of apparently unrelated diseases. These include multiple myeloma, kala-azar, systemic lupus erythematosus, rheumatoid arthritis, subacute bacterial endocarditis, etc. A group of Canadians report on the fifth case of essential **cryoglobulinemia.** The syndrome consists of a long history of cold sensitivity, purpura, fever, atypical Raynaud's phenomenon, deafness, nose bleeds, cyanosis, blotchy pigmentation of the lower extremities, thrombophlebitis, and gangrene of the toes. The diagnosis is confirmed by demonstrating cryoglobulins in the cooled serum. The patient responded for a while to ACTH, but eventually succumbed to the disease with a thrombosis of the inferior vena cava. (*Am. J. Med.* [Apr.] 1956).

* * *

Two New York neurosurgeons report further on the surgical treatment of advanced **Parkinsonism.** On 50 patients with marked tremor and rigidity, they occluded the anterior choroidal artery. In another 50 patients, they attempted destruction of the region in the globus pallidus by injection of alcohol. Results: Considerable improvement in about 30 cases from both groups. The latter group treated with **chemopallidectomy** has now been increased to 125 patients with good results in about 70 per cent. (*J.A.M.A.* [Apr.] 1956.)

FRED I. GILBERT, JR., M.D.

Perhaps It's Your Nerves

"MIRACLE DRUGS" VERSUS PSYCHOTHERAPY

As chlorpromazine and reserpine already begin to lose their newness to more recent drugs, we pause to catch our breath and view the path we are treading.

Thousands of patients have already been improved to some degree from these so-called "miracle drugs." Many physicians have been helped in their patient and ceaseless task of trying to bring emotionally disturbed patients back to an effective way of living. The number of prefrontal lobotomy operations has greatly decreased and electro-convulsive treatment is not necessary in so many cases.

Another effect of these pharmaceutical innovations has been to focus attention on brain physiology once again. The hypothalamus and the functions of the diencephalon have been the center of much interesting work in the past ten years but they have now gained an even greater prominence.

We are seeing a tendency of workers in the field of human behavior to swing toward interest in physiology and away from an emphasis on psychology. Many people are recalling that Sigmund Freud said that the answer to mental illness would be found in biochemistry.

In the field of medicine, however, no one-sided approach has ever been the most effective way of treating a patient. We always deal with a whole person who lives in a moving social and physical environment. We can never do our best by him when we view him simply as "an appendicitis" or "a paranoid." "Psychosomatic medicine," for example, is not truly a specialty within the field of medicine. It is actually a way of thinking about a patient. The entire field of medicine is "psychosomatic" since the psyche and the soma are inseparably bound in their physiology and functioning.

Thought cannot exist without brain function and brain function cannot exist without physiological activity. We cannot show, however, that thought dysfunction is simply due to brain physiological dysfunction at the etiological level.

The painful physiological phenomena which are perceived as anxiety are largely mediated through the hpyothalamic nuclei. The stimuli which activate these centers however, reach them directly or indirectly from the cortex of the brain. These cortical impulses in turn are primarily a result of internal or external perceptions reaching those cortical cells. The type of perceptions most likely to end up in the psychophysiological state of anxiety are those which cause a psychological conflict between opposed ideas or wishes.

When we study the cases of the many patients who have been helped by chlorpromazine and reserpine, we find that a number of similar changes have been made in those people:

(1) Anxiety has decreased,
(2) Relationships with other people have improved,
(3) There is a marked decrease of "violent" and bizarre behavior, such as destructiveness, hallucinations, delusions, stupor, and negativism. In other words, the psychotic patients show a great decrease in their psychotic symptoms. The non-psychotic patients show much less tension and greater effectiveness in their daily activities. (It must be noted that many patients are not helped at all by chlorpromazine or reserpine and that the statements above refer only to those patients who are helped.)

Basically, the important changes mentioned above mean that intolerable anxiety has been overcome and irrational psychological defenses are no longer necessary to as great a degree. Personality strength has increased, the patient is in better contact with his social and physical environment, and he has a greater ability to tackle his problem directly and effectively.

Upon further scrutiny we see that we have removed the secondary *symptoms* growing out of conflict but we have *not removed the conflict* by our chemical medication. Nor does it seem likely that we will.

We have strengthened the patient so that he may find and fight his actual problems and so that we can help him in winning that struggle.

The drugs cannot erase ten years of a crushing childhood, they cannot magically rearrange an intolerable home situation, they cannot bring back to life a murdered sweetheart; in short, they cannot remove the serious and excessive stresses of life to which psychologically disturbed people have been subjected.

They can, however, help us to guide patients and they can help these patients to accept the aid of their doctors. The drugs are most effective when they are combined with all the valuable therapeutic tools at our disposal, particularly such

(Continued on Page 596)

In Memoriam --- Doctors of Hawaii --- III

This is the third instalment of In Memoriam—Doctors of Hawaii. The first, which appeared in our March-April (Centennial) issue, recounted the lives of nine of the ten charter members of the Hawaii Medical Association.

The records of these very early doctors are so sketchy that it is often impossible to determine which were physicians and which were dentists. This has presented quite a problem to Mrs. Robert Y. Katsuki, who is the author of these intriguing thumbnail biographies, and she would be pleased to hear from anyone who can throw further light upon the activities of these men.

Mrs. Katsuki wishes it to be made clear that she regards these biographies as the work of all of the members of her committee, of the Woman's Auxiliary, who have worked so diligently at the job of gathering the material for them. These ladies were listed in the Centennial issue.

Meredith Gairdner

Dr. Meredith Gairdner was a native of Edinburgh, Scotland.

He left England in 1832 in the employ of the Hudson's Bay Company and was stationed on a post on the Columbia River for about two years.

During that time he studied and investigated the natural history and collected materials to prepare a complete geognostic monograph of the vast district bordering on the Columbia. Unfortunately attacks of the disease which ultimately proved fatal sapped his strength and defeated all his plans.

Dr. Gairdner came to the Islands hoping the climate would prove beneficial, but he continued to fail and died March 26, 1837, in Honolulu.

He left a bequest of some $400 to $500 for the benefit of orphan children of the Islands.

Thomas Lafon

Thomas Lafon was born December 17, 1801 in Chesterfield County, Virginia, son of the Reverend Thomas Lafon.

He studied medicine at Transylvania University in Kentucky, graduating in February 1827. His ordination for the ministry took place at Marion College in Missouri September 1835, making him the second doctor-preacher to be sent to Hawaii.

On November 14, 1836, Dr. Lafon married Sophia Louisa Parker at New Bedford, Massachusetts. A month after their marriage, Dr. and Mrs. Lafon were members of the Eighth Missionary Company which sailed from Boston in the barque, "Mary Frazier," and arrived in Honolulu on April 9, 1837, after a voyage of 116 days.

After due deliberation at the annual General Meeting of the missionaries, Dr. Lafon was assigned to Kauai. Arriving October 10, he was stationed at Koloa and became the first resident physician for that island. Dr. Lafon was also the first of the sugar plantation doctors, arrangements having been made with Ladd and Hooper to pay for his services to plantation workers.

The doctor was a strong abolitionist and was not hesitant in expressing his censure of the Mission for accepting support from slave owners. A reprimand for an anti-slavery letter written by the doctor to the missionary publication brought Dr. Lafon's resignation on May 24, 1838. Urged by his many friends to reconsider, the doctor recalled his letter and his resignation.

In 1840 Dr. Lafon organized a new church and school at Nawiliwili, Kauai, and established the village of Lihue. He also had twenty acres of sugar cane under cultivation. All this was in addition to carrying on his professional duties.

After the General Meeting of the missionaries held in Honolulu in the spring of 1841, Dr. Lafon again submitted his resignation. Again the doctor's feelings about missionary funds from slave owners forced his resignation, which was accepted July 16, 1841.

Early in 1842 Dr. Lafon decided to return to the United States. Aboard the "Zephyr" the Lafons reached New Bedford in May 1843.

After the death of his first wife in 1844, the doctor married Ruth A. Atwell on September 24, 1846. The couple had three children, Thomas, Anne Catherine, and Joseph.

Dr. Lafon practiced medicine in Newark, New Jersey, until his death, which occurred on March 20, 1876, at the age of 75.

Seth Lathrop Andrews

Seth Lathrop Andrews was born June 24, 1809, at Putney, Vermont.

He was educated at Dartmouth College from which he graduated in 1831. He also attended Medical College at Fairfield, New York, following which he practiced at Pittsford, New York.

Dr. Andrews married Parnelly Pierce at Pittsford on November 11, 1836.

On December 14, 1836, the young couple sailed for Hawaii with the Eighth Missionary Company. After a voyage of 116 days, they arrived in Honolulu on April 9, 1837.

Dr. and Mrs. Andrews located at Kailua, Hawaii, where they found a comfortable home in the stone house built by the Rev. Artemas Bishop. Dr. Andrews' work as a physician to the mission families on Hawaii involved frequent arduous and even perilous journeys by land and by sea, which told severely on his health. He was accompanied, of necessity, on many of these journeys by his wife and one or more infant children. On one occasion he traveled on foot through the woods from Hilo to Waimea with his wife and son, about four years of age, through almost incessant rain, unprovided with a tent or other shelter by night. Probably the Andrews

experienced more of the hardships of missionary life than any other members of the mission.

During their 12 years of residence at Kailua, Dr. Andrews buried three infant children and his faithful and devoted wife. His own health was greatly impaired as a result of a severe attack of dysentery. Finally in 1848 it was necessary for him and his one surviving son, George, to return to America.

After three years and with his health restored, Dr. Andrews married Amelia Jamison Dike of Pittsford, New York, on April 13, 1852.

He had expected to resume his missionary work, but the mission board was even then drawing the Hawaiian work to a close, and it was finally decided that he should not return. Dr. Andrews then settled in Romeo, Michigan, where he engaged in private practice.

The doctor was always an interested student of all natural phenomena. One room in his house in Romeo was devoted to his large collection of plants, minerals, shells, implements, kapas, etc., from Hawaii.

Dr. Andrews died February 17, 1893, at Romeo at the age of 83.

Richard Ford

Little is known about Dr. Richard Ford other than that he was a British subject who practiced in Honolulu in the 1840's.

From a few letters on file in the Territorial Archives we get a brief glimpse into the life of the doctor. Not unlike his present day colleagues, Dr. Ford had difficulty collecting some of his accounts, one of which was with His Majesty, Kamehameha III. In a letter written April 13, 1843, he requests Lord Paulet and the British commission to investigate the non-payment of a bill for $12.62 and states, "I am a poor man, as far as regards *Cash!*" On May 29 of the same year, he solicits an appointment as surgeon of the fort in an effort to relieve the financial strain.

That Dr. Ford was not unsympathetic to the troubles of others is shown by two letters written in March, 1834, on behalf of men who had had their land seized by the government. And again the doctor penned a petition for Au Fong Sam requesting a license "for victuling and retailing spiritous liquors."

In *The Polynesian* of January 25, 1845, Dr. Ford ran a business card stating:

RICHARD FORD
CONVEYANCER AND ATTORNEY
IN HIS MAJESTY'S COURTS OF LAW

On the strength of the above, it would appear that the doctor was not confining his activities to the field of medicine alone.

Dr. Ford died in Honolulu on May 1, 1847, at the age of 52. Both *The Polynesian* and *The Sandwich Island News* announced his death but gave no details.

Samuel Johnson Tennent

Samuel Johnson Tennent was born in London January 5, 1818, son of Archibald and Maria (Johnson) Tennent, and named for his mother's great uncle, Dr. Samuel Johnson, famous lexicographer and wit. His father was the author of several books and contributor to *The London Times*. For a short time he substituted as Poet Laureate during the illness of his friend, Alfred Lord Tennyson.

After graduation from medical school, Dr. Tennent served as ship's surgeon on sailing vessels, including whalers, which came into Hawaiian waters. As ship's physician, he shared in the profits from the whale oil.

In the spring of 1841, Dr. Tennent came to the Islands on a round-the-world cruise of the "Ranger," which went into winter quarters at Lahaina, Maui. King Kamehameha III, who was suffering from typhoid fever, requested the services of the ship's doctor. Dr. Tennent changed His Majesty's drinking water and in a few days great improvement was noted. As a result of his professional success, King Kamehameha appointed him Court physician and collector of the port at Lahaina at a fixed honorarium.

His Majesty and the young doctor became great friends. The King presented Dr. Tennent with a fine horse, sterling silver bordered saddle, gaily colored trappings, and six donkeys. Three natives were provided as servants.

When in 1848 the news of the discovery of gold in California reached the Islands, Dr. Tennent resigned his posts. King Kamehameha offered to raise the doctor's salary to half the port fees if he would agree to stay, but nothing would induce him to remain.

Stopping at El Rancho Pinole in the late fall of 1848, while on his way to the gold fields above Sacramento, the doctor met Rafaela Martinez. It was a case of love at first sight, and when Jose Martinez, brother of Rafaela, begged him to remain and treat several of the native Indians on the rancho, the doctor sent to Sacramento for his books and medicines and remained on the rancho. With all dreams of gold apparently gone, Dr. Tennent married Rafaela on September 18, 1849, in the Mission San Jose, the doctor having changed his religion from the High Episcopal Church to Roman Catholic. The couple became the parents of ten sons and daughters.

Dr. Tennent practiced medicine, bought and sold cattle and, together with a partner by the name of Chandler, engaged in the wholesale meat business in San Francisco.

Dr. Tennent died on July 16, 1886 in Martinez, California, at the age of 68.

It is interesting to know that in 1891, when King Kalakaua was in his last illness in the Palace Hotel in San Francisco, he sent for Dr. John B. Tennent, son of Dr. Samuel Johnson Tennent. Although near death, the King voiced his gratitude for Dr. Samuel's services to him as a youth and to his great uncle, Kamehameha III.*

James William Smith

James William Smith was born July 8, 1810, at Stamford, Connecticut.

He was educated at Stamford. Later he pursued his medical studies while teaching school in New York City and graduated from New York College of Physicians and Surgeons. Before joining the Mission Board, Dr. Smith practiced medicine for five years in New York City.

On April 18, 1842, he married Melicent Knapp at Greenwich, Connecticut.

Dr. and Mrs. Smith were members of the Tenth Missionary Company, sailing from Boston on May 2, 1842, on the brigantine, "Sarah Abigail." They arrived in Honolulu on September 21, 1842, after a voyage of 142 days.

In November of the same year, Dr. Smith was sta-

* From "The King's Physician" by Hal Johnson, *The Star-Bulletin*, January 8, 1955.

tioned at Koloa, Kauai. This was to be the scene of his life's work. As the only physician on the island, his labors were arduous. Frequently, he was subject to sudden calls to Hanalei, 40 miles in one direction, and to Waimea, 12 miles in the other direction.

On November 10, 1843, a daughter, Emma Clarissa, was born to the Smiths. Eight other children were born to the doctor and his wife: Charlotte Elizabeth in 1845; Mary Arabella in 1846, who died in her second year; William Owen in 1848; Jared Knapp in 1849; Mary Eliza in 1851, who lived just past her first birthday; Alfred Holly in 1853; Melicent Philena in 1854; and Anna Juliette in 1857.

In 1844 Dr. Smith went to Kohala, Hawaii, for several months to relieve Dr. Andrews who was called to Hilo.

The following year a sore throat which had bothered the doctor for two years and made him fear consumption led to an ocean voyage in the interests of his health. He saild on the whaleship, "Niantic." The first month at sea was so rough that when the ship was forced to put into Hilo for some repairs Dr. Smith welcomed a stay of six weeks there. From Hilo the "Niantic" returned to Kauai, stopping at Lahaina and Honolulu en route. In spite of everything, the doctor seemed benefited by his trip.

In November 1850 Dr. Smith requested release from the Mission to take effect January first. Four years later in July 1854 Dr. Smith was ordained to the ministry and became pastor of three native churches while continuing to serve as doctor. He served as a pastor until 1860 when the American Board decided to place the churches in charge of native ministers and Dr. Smith resigned. However, he continued a member of the Evangelical Association of Kauai and cooperated and counseled with the native pastors.

Mrs. Smith established the Koloa Boarding School for Girls in 1862 and maintained it for ten years with the assistance of her sister, Miss Knapp, and the two older daughters, Emma and Charlotte.

In 1880 the doctor made his first and only trip back home, traveling the new "overland route" by Union Pacific Railway.

Dr. Smith died at Koloa on November 30, 1887, at the age of 77.

Robert Crichton Wyllie

Robert Crichton Wyllie was born at Hazlebank, Parish of Dunlap, County of Ayreshire, Scotland, on October 13, 1798.

After leaving college, he began the study of medicine and obtained a medical diploma.

Mr. Wyllie* went to Chile and, after spending some years in the South American states, entered into commercial business at Mazatlan where he became very prosperous. In the course of his business he visited India.

Retiring from business, he took up residence in London. There he was selected by the bondholders of some repudiating states of America to proceed to the United States to represent their interests.

On March 20, 1844, Mr. Wyllie arrived in Honolulu on board the British frigate, "Hazard," in company with William Miller, H. B. M.'s Consul General. Shortly thereafter, Mr. Miller left for a visit to Tahiti and Mr. Wyllie acted as Pro-Consul in his place for about a year.

* There is no indication that Wyllie practiced medicine in Hawaii, and he is always referred to as Mister in reports of this period despite his medical diploma.

On Miller's return, Wyllie was asked to enter the service of King Kamehameha III. This he did on March 24, 1845, taking the Port Folio of Foreign Affairs, which post he continued to hold until the day of his death. During his incumbency, Hawaii was acknowledged as an independent Kingdom, by treaties, framed through his agency, with most of the civilized nations.

Mr. Wyllie died October 19, 1865, in Honolulu at the age of 67.

He was a Knight Templar in the Masons.

The Hawaiian Gazette of October 21, 1865, states in its obituary of Mr. Wyllie, "The death of such a man cannot but be regarded as a national calamity. There is not a Hawaiian, from one end of the Islands to the other, but who, when he hears of Mr. Wyllie's death, will say—'There went a true friend of our King and His People.' "

George W. Hunter

George W. Hunter was born in the Royal Burgh of Haddington near Edinburgh, Scotland.

Arriving in Honolulu January 1847, he was absent for a while in 1850 but returned.

He was one of the seven doctors named to the first Board of Health by Kamehameha III in December 1850.

Dr. Hunter died May 4, 1852, in Honolulu.

Charles Hinckley Wetmore

Charles Hinckley Wetmore was born at Lebanon, Connecticut, on February 8, 1820.

By teaching school in the winter and studying in the summer, he attained his medical degree, graduating from the Berkshire Medical Institute in Massachusetts in 1846. After graduation, Dr. Wetmore practiced in Lowell, Massachusetts, and continued to teach to add to his income.

Taking service as a missionary physician under the American Mission Board, Dr. Wetmore married Lucy Sheldon Taylor on September 25, 1848, at Pittsfield, Massachusetts, just three weeks prior to sailing for Hawaii. The doctor was attached to no missionary company, and he and his bride took passage on the "Leland," arriving in Honolulu March 11, 1849, after a voyage of 146 days.

The Wetmores were assigned to Hilo, Hawaii, and they were at their new post on May 18, 1849.

A year after their arrival in Hilo, the Wetmores' first child was stillborn. On March 3, 1853, a son, Charles, was born followed by Frances Matilda in 1855, Catherine in 1859, and Lucy Taylor in 1860.

The Wetmores established Hilo's first school for half-caste children in 1850.

The smallpox epidemic of 1853 resulted in 75 deaths in the Hilo and Puna districts. That the death toll was no higher was due to Dr. Wetmore's vaccination program and his countermeasures.

In 1855 Dr. Wetmore severed his connections with the American Board of Missions. During the same year, the doctor was appointed physician and purveyor to the United States Seamen's Hospital in Hilo. September 1856 marked the building by Dr. Wetmore of Hilo's first drugstore. In September 1862 he was placed in charge of the government dispensary for sick and indigent Hawaiians at $300.00 a year for his services.

On July 26, 1867, the doctor and his wife lost their only son, Charles, at the age of 14.

For the first time in 23 years, Dr. and Mrs. Wetmore

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Woman's Auxiliary

Following the gala festivities of the Centennial celebration of the Hawaii Medical Association the Woman's Auxiliary turned attention to the national convention in Chicago, June 11-15, concurrent with the A.M.A. convention. Hawaii did not have a presidential representative this year but we did have a full quota of delegates and alternates, two of each. They were:

MRS. HARRY L. ARNOLD, JR.....*Chairman of Delegates*
MRS. C. W. TREXLER.....*Delegate*
MRS. RODNEY T. WEST.....*Alternate*
MRS. LOUIS ROCKETT .....*Alternate*

Watch this page for their report in the next issue.

' ' '

Members of this year's executive board each have responsibility for one or more committees. The new officers and their additional duties are:

President: MRS. EDMUND TOMPKINS: *Hospitality, Maui*
President-elect: MRS. JOHN W. DEVEREUX: *A.M.E.F. and Civil Defense*
1st Vice-President: MRS. A. LESLIE VASCONCELLOS: *Transportation*
2nd Vice-President: MRS. HARRY L. ARNOLD, JR.: *Hospitality*
Recording Secretary: MRS. MITSUHARU HOSHINO: *Constitution*
Corresponding Secretary: MRS. JOHN P. FRAZER: *Mental Health*
Treasurer: MRS. TIMOTHY I. WEE: *Rural Health and Community Health*
Members at Large 1956-58:
MRS. HOWARD E. CRAWFORD: *Program*
MRS. PATRICK M. COCKETT: *Nurse Recruitment*
Members at Large 1955-57:
MRS. HOWARD M. HONDA: *Archives*
MRS. NICHOLAS STEUERMANN: *Hospitality, Hawaii*
Past President: MRS. W. JOHN HOLMES: *Nominating*

Other committee chairmen are:

MRS. GARTON WALL.....*Today's Health*
MRS. J. WARREN WHITE.....*In Memoriam*
MRS. A. WEBSTER BOYDEN.....*Hospitality, Kauai*
MRS. JOSEPH LAM.....*Legislation*

' ' '

Mrs. Guy Haywood, president of the Maui Auxiliary, sailed on the April 28 voyage of the schooner Te Vega to Tahiti. The Haywoods are enthusiastic seafarers and this luxury cruise was an ideal vacation for them. Twice this year one of our island auxiliary presidents has adventured on this South Sea journey; the Howard Liljestrand family were on the Te Vega last December during Betty's presidency of the Honolulu Auxiliary.

' ' '

Summertime meant no less activity for the Honolulu Auxiliary members. Before the end of school there was a skating party for fund raising. The regular June meeting was an informal panel discussion of problems confronting doctors' wives. This is an introduction to the mental health program now developing. During June the Auxiliary greeted and entertained wives of the dermatologists who were holding a convention in Honolulu.

' ' '

Mrs. Michael DeBakey was honored at a dinner party given by the Woman's Auxiliary to the Maui County Medical Association on June 1 at the home of Dr. and Mrs. R. J. McArthur in Puuone Tract, Wailuku. At a separate dinner meeting Dr. DeBakey spoke to the doctors about vascular surgery. Later the doctors joined the ladies for a social evening.

MRS. EDMUND TOMPKINS, *President*

Bureau of Medical Economics

$500,000.00!!!! That's a half a million dollars. I was invited to attend the annual meeting of H.M.S.A. this year and one of the speakers spoke on what abuses could cost a medical plan. So the other day I sat down with my slide rule, pencil, and paper and did some figuring. It went something like this: H.M.S.A. now has over 130,000 persons covered. To keep things in round figures, I figured that the commercial carriers have 100,000 persons covered. Now by simple addition (without slide rule) we find some 230,000 people covered by medical insurance. Assuming that 20% of the 230,000 people with insurance do not have medical coverage, this leaves 184,000 persons covered by medical insurance which includes medical coverage. Now I said to myself, if each one of these patients either went to a doctor when they really didn't have to, or if the doctor asked them to come back for *one* extra visit that really wasn't necessary, it would cost the insurance industry $552,000.00 in unnecessary claims, assuming the insurance plan pays $3.00 per office visit.

Going on with the figures, slide rule, pencil, and paper, I again took the figure of 230,000 people who are covered by medical insurance, and I said, "Let's assume that 10% of the covered people went to a hospital." That's 23,000. Now if each one of these people who went to a hospital stayed one day more than was really necessary, it would cost the insurance industry $230,000. At this point, I am not particularly interested in going into who is responsible for these abuses. Suffice it to say that in some cases it is the doctor, in some cases it is the patient, and in some cases it's both the patient and the doctor, but more important is the cooperation and liaison among those concerned —including *physicians.* hospital administrators, nurses, and others in health work—must be increased. The continued earnest efforts of all should make it possible for full potentialities of voluntary health insurance to be realized. Indeed, to base judgment on past accomplishments and present trends, it may confidently be expected that *such gaps as still exist* in Hawaii's health insurance, both in numbers covered and in quality of the protection, will be substantially filled within a reasonable period. Think for just one minute, the gaps that could be filled if there were a half a million dollars available for increased benefits.

All in all, as the figures indicate, the *competitive system* and the *voluntary way* have worked well in health insurance. The people of Hawaii now have a wide variety of policies, plans, and insuring organizations from which to make the selections best meeting their individual needs and desires, and the inherent vitality of the voluntary health insurance movement is being demonstrated continually by the development of new and improved insurance contracts and insurance methods. From a broader standpoint, the continual growth of voluntary health insurance serves as a safeguard against *compulsory health insurance.*

I've rambled a lot and presented some figures, but in conclusion I would like to leave the following two things with you: (1) Voluntary Health Insurance is the answer to those who cry for National Health Insurance and you can help the Voluntary Way simply by taking some *positive* steps when you see abuses of an insurance plan. Let's hope that we can keep the government out of this program. Above all, remember no one is telling you how to practice medicine. If it is necessary to see a patient ten times, then by all means do so. Just don't let the fact that a patient has insurance change your way of practicing. (2) Let me quote from James E. Bryan's book, "Public Relations in Medical Practice":

> The Critical Test for Medical Leadership—Our modern society is so complex that many of us who feel we have some small understanding and perhaps even some capacity for leadership are frustrated by the belief that, as individuals we are powerless to affect the course of events. Enough has been said in even this brief outline of the prepayment medical care picture to indicate that it is both a complicated program and a crucial challenge, the outcome of which is vital significance to American medicine and to the ultimate fate of self-government in America.
>
> We have suggested that to meet this challenge with lasting satisfaction to the people of the United States will require medical statesmanship of the highest order. Statesmanship—not just for the current leaders of organized medicine, not just for your colleague across the street, but for you—is the need of the hour. The stakes are nothing less than the freedom of your profession. This game is for keeps.
>
> The beauty of it is that you can play a major part in this drama. In fact, no one else but you can decisively influence its outcome. As Mr. John McCormack, Vice-President of United Medical Service (Blue Shield) of New York, has pointed out: "Neither Blue Shield nor Blue Cross can engage in the practice of medicine, a function solely exercised by the medical profession. However, the practice of medicine determines not only life or death for patients, it also influences medical and hospital

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The Honolulu County Medical Library

MRS. ETHEL HILL, *Librarian*
MRS. MARY JO MURRAY, *Library Assistant*
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Closed Saturdays at noon and Sundays

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RECENT ACQUISITIONS

Biochemistry

Bland, J. H. *Clinical recognition and management of disturbances of body fluids.* 2nd ed. c1956. (gift of publisher)

Wolstenholme, G. E. W., ed. *Ciba Foundation symposium on porphyrin: bisynthesis and metabolism.* 1955. (gift of publisher)

Biography

Doctors of Hawaii. In Memoriam. 2 v. 1956.

Harrison, S. B. *The white king.* c1950.

Truax, Rhoda *The doctors Jacobi.* c1952.

Cancer

Cameron, C. S. *The truth about cancer.* c1956. (gift of publisher)

Poser, C. M. *The relationship between syringomyelia and neoplasm.* c1956. (gift of publisher)

Rosenblatt, M. B. *Cancer of the lung.* 1956.

Cardiology

Brooks, C. McC. *Excitability of the heart.* c1955. (gift of publisher)

de Nicola, Pietro *The laboratory diagnosis of coagulation defects.* c1956. (gift of publisher)

Katz, L. N. *Clinical electrocardiography. Pt. I. The arrhythmias.* c1956. (gift of publisher)

Tocantins, L. M., ed. *Progress in hematology.* v.1. 1956.

Clinical Medicine

Adams, A. R. D. *Clinical tropical diseases.* 1953.

Allgower, Martin *The cellular basis of wound repair.* c1956. (gift of publisher)

Harley, H. R. S. *Subphrenic abscess.* 1955. (gift of publisher)

Requarth, William *Diagnosis of acute abdominal pain.* c1953.

Rytand, D. A., ed. *Annual review of medicine.* v.7. 1956.

Sternberg, T. H., ed. *Therapy of fungus diseases.* c1955. (gift of E. R. Squibb & Sons)

Endocrinology

Selye, Hans, ed. *Fifth annual report on stress. 1955-56.* c1956. (gift of publisher)

Soffer, L. J. *Diseases of the endocrine glands.* 2nd ed. rev. c1956. (gift of publisher)

History

Holmes, O. W. *Medical essays: 1842-1882.* c1911.

Wise, T. A. *Review of the history of medicine.* 2 v. 1867. (gift of Dr. G. W. Bachmann)

Zilboorg, Gregory *The medical man and the witch during the Renaissance.* c1935.

Kidneys

Merrill, J. P. *The treatment of renal failure.* c1955. (gift of publisher)

Smith, H. W. *Principles of renal physiology.* c1956.

Strauss, M. B. *Clinical management of renal failure.* c1956. (gift of publisher)

Neurology & Psychiatry

Bender, Lauretta *Psychopathology of children with organic brain disorders.* c1956. (gift of publisher)

Brain, Sir Russell *Diseases of the nervous system.* 5th ed. 1955.

Crowe, F. W. *A clinical, pathological, and genetic study of multiple neurofibromatosis.* c1956. (gift of publisher)

Cutolo, S. R. *Bellevue is my home.* c1956. (gift of publisher)

Fields, W. S., ed. *Hypothalamic-hypophysial interrelationships.* 1956. (gift of publisher)

Jackson, Ruth *The cervical syndrome.* c1956. (gift of publisher)

Linton, Ralph *Culture and mental disorders.* c1956. (gift of publisher)

Smith, Kline & French Laboratories *Chlorpromazine and mental health.* c1955. (gift of publisher)

Windle, W. F., ed. *Regeneration in the central nervous system.* c1955. (gift of publisher)

Nursing

Averill, L. A. *Psychology applied to nursing.* 5th ed. c1956. (gift of publisher)

Brooks, S. M. *Basic facts of general chemistry.* c1956. (from Nurses' Association)

Brooks, S. M. *Selected experiments in general chemistry.* c1956. (from Nurses' Association)

Hansen, H. F. *A review of nursing.* 8th ed. c1956. (from Nurses' Association)

Leahy, K. M. *Teaching methods in public health nursing.* c1952. (from Nurses' Association)

Leake, M. J. *A manual of simple nursing procedures.* 2nd ed. c1956. (from Nurses' Association)

National League of Nursing Education Committee. *A library handbook for schools of nursing.* 2nd ed. c1953.

Ophthalmology

Cushman, Beulah *Strabismus: diagnosis and treatment.* c1956. (gift of publisher)

Orthopedics

Levitin, Joseph *Roentgen interpretation of fractures and dislocations.* c1956. (gift of publisher)

Stimson, B. B. *A manual of fractures and dislocations.* 3rd ed. rev. c1956. (gift of publisher)

Weinmann, J. P. *Bone and bones.* 2nd ed. c1955. (gift of publisher)

Pediatrics

Gardner, L. I., ed. *Adrenal function in infants and children.* c1956. (gift of publisher)

Glaser, Jerome *Allergy in childhood.* c1956. (gift of publisher)

Hoch, P. H., ed. *Psychopathology of childhood.* c1955. (gift of publisher)

Lowenfeld, Berthold *Our blind children.* c1956. (gift of publisher)

Physiology

Guyton, A. C. *Textbook of medical physiology.* c1956. (gift of publisher)

Hall, V. E., ed. *Annual review of physiology.* v.18. 1956.

Poliomyelitis

International Poliomyelitis Congress *Poliomyelitis—papers and discussions presented at the 3rd . . . conf.* c1956. (gift of the International Poliomyelitis Congress)

Surgery

Berson, M. I. *Atlas of plastic surgery.* c1948. (gift of Dr. Wayne Wong)

Davis, Loyal, ed. *Christopher's textbook of surgery.* 6th ed. c1956. (gift of publisher)

Edwards, H. C., ed. *Recent advances in surgery.* 4th ed. 1954. (from Board of Medical Examiners)

Therapeutics

Block, W. D. *Metabolism, pharmacology and therapeutic uses of gold compounds.* c1956. (gift of publisher)

Conn, H. F., ed. *Current therapy. 1956.* c1956. (gift of publisher)

Jawetz, Ernest *Polymyxin, neomycin, bacitracin.* c1956. (gift of publisher)

Modell, Walter, ed. *Drugs in current use. 1956.* c1956. (gift of publisher)

von Euler, U. S. *Noradrenaline.* c1956. (gift of publisher)

Welsh, Henry, ed. *Antibiotics annual, 1955-56.* c1956. (gift of publisher)

Urology

Braasch, W. F. *Urography.* 2nd ed. rev. & enl. c1927. (gift of Dr. R. O. Brown)

Callomon, F. T. *The nonvenereal diseases of the genitals.* c1956. (gift of publisher)

Hinman, Frank *The principles and practice of urology.* c1935. (gift of Dr. R. O. Brown)

Luys, Georges *A treatise on cystoscopy and urethroscopy.* c1918. (gift of Dr. R. O. Brown)

Miscellaneous

Doe, Janet, ed. *Handbook of medical library practice.* 2nd ed. rev. & enl. c1956.

Duncan, G. C. *A modern pilgrim's progress for diabetics.* c1956. (gift of publisher)

Garb, Solomon *Laboratory tests in common use.* c1956. (gift of publisher)

Reed, S. C. *Counseling in medical genetics.* c1955.

Villee, C. A., ed. *Gestation . . . Transactions . . . 2nd conf., March 8-10, 1955.* (gift of Josiah Macy Jr. Foundation)

Umi Makahiki I Hala*

Personals

Recently discharged from the service and entering private practice in Honolulu are **Dr. Edwin K. Chung-Hoon,** who is associated with **Dr. H. S. Dickson,** limiting his practice to dermatology and internal medicine; **Dr. David L. Pang,** who is located with **Dr. Fred Lam; Dr. F. H. Tong,** who is practicing with **Dr. Raymond Kong; Dr. Joseph F. C. Lau,** who limits his practice to eye, ear, nose and throat; **Dr. Robert T. Wong,** who specializes in ophthalmology; and **Dr. Kwan Heen Ho,** who has joined the Chang Clinic as a general surgeon.

Dr. Nils P. Larsen, of Honolulu, has been awarded an honorary degree of Doctor of Science by his alma mater, Massachusetts State College, for his distinguished contributions to public health in Hawaii.

Dr. L. Clagett Beck has returned from government service in the Virgin Islands to resume his practice of internal medicine with The Clinic, Honolulu.

Recently discharged as a Lieutenant Colonel from the Army, **Dr. Edmund Ing** has re-opened his offices in Honolulu, specializing in urology.

Lieutenant Colonel Isaac Kawasaki, who was wounded in action in Italy while serving with the 100th Infantry Battalion, is acting as pathologist at St. Francis Hospital, Honolulu, prior to his discharge from the Army.

Dr. Joe T. Lucas, Jr. has now joined **Dr. Garton E. Wall** on the staff of the Ewa Hospital, following his discharge from the Navy, part of his term of duty being served in the Islands.

Dr. Douglas H. Murray, who served four years in Hawaii in the Army during the war, has become associated with **Dr. Lyle G. Phillips,** in Honolulu.

Lieutenant Commander Rogers L. Hill (MC), USNR, was welcomed back to the Islands in June, after a tour of duty in the Philippines. He is awaiting his discharge from the Navy before returning to private practice.

Dr. John L. Bell is practicing internal medicine in association with his brother, **Dr. Douglas B. Bell,** in Honolulu. The former served in the Army in the Pacific Theatre prior to his discharge.

Dr. Burt O. Wade, plantation physician for the Kekaha and Waimea and Olokele Sugar Companies returned after four years of service in the U. S. Navy. He received his honorable discharge as a Captain. He saw action as a member of Admiral Halsey's staff in the Solomon Islands, Marshall Islands, Caroline Islands, and the Philippine Islands.

Dr. Patrick Cockett was honorably discharged with the rank of Major after over four years of service. He saw action in the Solomon Islands, New Guinea, and Luzon, Philippines as a regimental surgeon for the 103rd Infantry, 43rd Division.

Dr. Donald Depp was honorably discharged after active service with the 24th Division in New Guinea, and Leyte, Philippines. He held the rank of Major.

Dr. Leabert Fernandez of Laupahoehoe was married on July 13, 1946. His bride was Miss Marsue McGinnis.

Dr. Ivar Larsen, who was physician for the Kohala Sugar Company for nearly 5 years, has returned to New York City where he will specialize in orthopedics by completing a residency at the Hospital for Special Services. **Dr. Barton Eveleth** and **Dr. R. S. Fillmore,** both formerly of Ewa, Oahu, are now the physicians for the Kohala Sugar Company.

* Ten years ago. From Volume 5, Number 6, July-August, 1946.

Book Reviews

Psychopathology of Children with Organic Brain Disorders.

By Lauretta Bender, M.D., 151 pp., illustrated, Price $5.50, Charles C. Thomas, 1956.

This book summarizes the experience of Professor Bender's Pediatric Neuropsychiatric clinic of Bellevue Hospital, New York City. It describes a wide variety of cases with intermingled organic brain damage and psychiatric disorders. The writing is done in the peculiarly opaque style that most American psychiatrists affect, and hence makes difficult reading, quite apart from the complexity of the material presented. Nevertheless, there are important data presented, which are essential to the proper evaluation and management of these extraordinarily taxing cases.

I should not recommend this book for the non-specialist; however pediatric psychiatrists and neurologists would find the book germane to their work, while recognizing that it is an aggressive exposition of one point of view in a field laden with controversy.

RANSOM J. ARTHUR, M.D.

The Treatment of Renal Failure.

By John P. Merrill, M.D., 238 pp., Price $6.75, Grune & Stratton, Inc., 1955.

This splendid monograph on the treatment of renal failure not only reviews the physiology of kidney function but outlines in detail the present day concept of management of acute and chronic renal failure. The main portion of the monograph is directed toward preventing the progression of the renal lesion.

The chapters on replacement transfusions, the use of the artificial kidney, and the use of human kidney transplants, open an entirely new field for the correction of metabolic defects which occur from loss of functioning nephrons.

This monograph consists of 212 pages with a well chosen reference bibliography. It is an excellent guide for anyone interested in the treatment of rental failure.

HENRY C. GOTSHALK, M.D.

Roentgen Interpretation of Fractures and Dislocations.

By Joseph Levitin, M.D., and Ben Colloff, M.D., 265 pp., illustrated, Price $7.75, Charles C. Thomas, 1956.

This is a good book. A large segment of the medical profession will find it most useful. Although the introduction states it is specifically to assist the roentgenologist, any physician treating fracture cases will find it indispensable. Almost all the common fractures are included, with multiple well done line drawings and concise short explanations of the requirements for a proper reduction. The author has stressed the importance of correction in reference to function rather than anatomical position, where possible. Even our learned colleagues, the orthopedists, will undoubtedly find a few pearls of wisdom in this collection. This book can be thought of as relating to fractures in comparison to the Merck manual for drug therapy.

GEORGE W. HENRY, M.D.

Strabismus.

By Beulah Cushman, M.D., 208 pp., Price $6.00, Lea & Febiger, 1956.

This new addition to the armamentarium of the eye surgeon is a most significant contribution to ophthalmic literature. Probably no phase of ophthalmology has undergone more changes and Dr. Cushman's new book can be considered an outstanding work.

Rather than leave the reader with a choice to make from a maze of confused opinions as is often the case, she presents the reader with a clear cut clinical picture of strabismus, offers many diagnostic keys, and presents a conservative surgical guide to follow in the manner of treatment.

This book represents twenty five years clinical experience in the field of ophthalmology, rather than the usual compendium of ideas borrowed from other authors.

One of the outstanding assets of Dr. Cushman's fine book is the inclusion of numerous case histories, which aid the reader in making a diagnosis and which serve as a guide for the particular type of operation that should be followed.

I feel that this new treatise on strabismus should not be in the library of every practicing ophthalmologist but on his desk where he can make frequent use of its valuable contents.

PHILIP M. CORBOY, M.D.

Allergy in Childhood.

By Jerome Glaser, M.D., 529 pp., Price $12.50, Charles C. Thomas, 1956.

This is an unusually practical clinical text on pediatric allergy. It was originally written as a series of lectures given to pediatric residents. The style, therefore, is in outline form, easy to follow and interesting to read.

Controversial points are usually merely mentioned and the author's opinion is expressed. However, there are sufficient references at the end of each chapter for those who wish to study the subject in more detail.

Some unusual chapter headings are as follows: Anaphylactoid Purpura, Neuroallergy in Childhood, The Allergic Tension-Fatigue Syndrome, Favism, Allergic Arthritis, Allergic Parotitis, The Collagen Diseases, The Allergic Child in Camp and Routine Prophylaxis in Allergic Children.

I heartily recommend this medium sized text to all pediatricians and general practitioners interested in pediatrics.

W. A. MYERS, M.D.

Clinical Studies in Neurology

By Harry Lee Parker, M.D., 365 pp., Price $6.50, Charles C. Thomas, 1956.

This is an unusual, refreshingly different method of presenting the subject of clinical neurology. The conversational type of bedside teaching is as old Hippocrates, but few authors have utilized this method to present medical subjects in writing. The author of this book taught clinical neurology at Trinity College, Dublin, Ireland for 12 years and has recorded each of his weekly

(Continued on Page 600)

HMSA—Its Place in the Community

Claim Experience Reports

J. R. VELTMANN, *Executive Vice-President*

Just as the physician requires current and accurate medical records to properly prescribe treatment for his patient, or as a manufacturer would rely on good cost accounting for successful operations, HMSA depends on its claims experience reports as its guide in determining the Association's financial stability. These guides remove speculation and "guess-timation" in charting the Association's monthly course.

Each month, after checks are mailed to doctors and hospitals for services rendered to members, the IBM equipment is put into operation and out roll statistical data that serve as working tools vital to the daily administration of the organization. Briefly, let us review some of these reports and their purposes.

1. *Benefit Usage by Various Group Plans:* Members of the Association belong to plans which are designed to fill a certain need or to fit the pocketbook of the individuals in the group. A monthly accumulated usage report by plan tells us exactly how each one is doing. This report is essential to determine if monthly rates are sufficient or if benefit adjustments could be made. In the past six years, from these reports, monthly rates have been increased in certain plans where the benefit usage has been consistently high for a sustained period. These rate increases affected only a small portion of the membership. Conversely, benefit adjustments upward have been made in plans, which affected the majority of the membership each year since 1951. These adjustments benefited the members through increased allowances to the physicians and hospitals for their services.

2. *Benefit Usage by Geographical Area:* Monthly dues and benefits offered are uniform throughout the Territory of Hawaii but the claims experience is certainly not uniform. These geographical studies bring out individual problems and each is solved within its own respective area. The medical profession has been a tremendous help to the Plan in combatting local problems. Neighbor Island physicians will sit at length with HMSA representatives at their Medical Society meetings to review problems of their locale and through their understanding of our problems have assisted immeasurably in turning a poor claims usage picture into a satisfactory one. With the new Community Group Medical Plan, benefit experience is determined separately by Islands. The first six months the plan was in effect, experience on all Islands was satisfactory except for the Island of Hawaii. This was called to the attention of the medical profession on this Island. Physicians were interested in names of individuals and groups where usage was high and agreed to assist HMSA in a membership education program in order to improve the situation. Employers and union representatives are also cognizant of the condition and pledged their help in educating members.

Geographical comparisons are excellent as they present a vivid picture of the Plan's operations in each area and this provides a competitive feature between areas.

3. *Report of Benefit Usage by Groups:* Claims data are accumulated for individual groups on a monthly basis and with this report, benefit usage can be supplied to any group on an up-to-date basis. Each year an annual summary is prepared and groups are welcome to review their own experience with an HMSA representative. As more employers contribute to the monthly medical plan dues, they become interested in the cost factors. Wherever the records indicate that individual group experience increases steadily, the group is tagged and detailed breakdown of the experience analyzed further. There have been occasions when individual cases are reviewed with the employer who, in turn, discusses the problem with his employees. Such discussions are not threats of cancellation or reduction in benefits, but an educational process to show the member that demands for unnecessary services can affect the entire group and may mean higher monthly dues.

Getting the employer and the employee to realize that he has an important part in the success of the plan is a large stabilizing factor in claim costs.

4. *Benefit Usage by Type of Medical Service:* Eighty-eight cents out of every dues dollar is allocated for benefits. A portion of the dues is used to pay medical visits, surgical care, diagnostic X-ray and laboratory services, and hospital benefits. All sums paid for benefits each month are segregated by type of medical service paid and charted along with funds allocated to pay for the benefit. With these reports the Association can determine exactly what it costs to pay for each specific benefit and determine whether the allocated funds are sufficient to pay for each type. If it becomes necessary to increase rates, HMSA knows exactly where the additional funds are required. If rate increases are necessary because of higher hospital costs, members will be informed of this fact.

5. *Morbidity Studies:* As each claim is paid, it is systematically classified and coded, and once a year a medical diagnosis and surgical procedure report is prepared on all claims paid during the year. For example, during 1955 a total of over $1,663,000.00 was paid to physicians for professional services rendered to HMSA members. Of this amount, over $657,000.00 was paid for medical visits consisting of 189,053 office visits, 3,828 home visits, and 34,874 hospital visits. We know that 32,766 office visits were paid for URI conditions alone. We know that the plan paid for the delivery of 2,224 babies and the removal of 1,343 tonsils. These detailed reports are available at HMSA for each year beginning with 1949 and have proved invaluable in considering adjustments of benefits or increased surgical fees.

As the Association grows, the need becomes greater for such claims experience reports. With the introduction of the Community Group Medical Plan, HMSA has received requests from physicians to maintain studies by individual physicians as a helpful guide and signal to them to "stop and look" from time to time at their

(Continued on Page 596)

County Society Reports

Hawaii

The Hawaii County Medical Society dinner meeting was held on April 12, 1956, at the Lanai. We had an excellent attendance for the evening, twenty-seven members present. Guests for the meeting were: Drs. Hallik, Mandell, and Kolios, and Mr. James Carroll of H.M.S.A.

After an excellent dinner Dr. L. O. Underdahl from Mayo Clinic presented an interesting discussion of Hypogonadism with the aid of colored slides.

Dr. James A. Mitchel, newly elected president of our Society, called the business meeting to order.

Mr. James Carroll then briefed the doctors present on the activities of H.M.S.A. on the Big Island. He also called attention to the fact of high utilization of the members of some of the Community Group Medical Plan.

The meeting adjourned at 10:10 p.m.

* * *

The Hawaii County Medical Society met on May 3, 1956, at the Naniloa with 27 members present. Guests were Drs. Carl R. Hallik and Joseph Mandell of Pepeekeo, Dr. William Davis of Laupahoehoe, Mr. James Carrol of H.M.S.A., and Mr. Lake from Lederle Company.

Dr. Paul Reznikoff, Professor of Clinical Medicine of Cornell University, New York, spoke on "Hematology."

Dr. Nils P. Larsen from Honolulu brought some observations from his trip to Japan and research work in Honolulu concerning atherogenic substances in animal fats and high sodium salt diet as a possible cause of hypertension.

The business meeting was opened by Dr. James A. Mitchel, president. A letter from H.M.S.A. was read stating that the County of Hawaii group shows high utilization of $1.14 for every dollar received.

An appreciation letter from the U. S. Life Insurance Company for the good attendance at the dinner held on the evening of April 26 at the Lanai, was read.

A letter from the Hawaii Tuberculosis Association brought to our attention the program of P.P.D. testing all school children to locate early cases of tuberculosis.

Dr. Yuen, our Counselor to the Territorial Society, gave his report on the recent meeting. Dr. T. Oto has been selected to serve as the next Counselor for a term of three years. A legislative fund of $150 has been established with the Honolulu Society paying three-quarters and the outer islands one-quarter.

The meeting adjourned at 10:05 p.m.

* * *

The Hawaii County Medical Society met on Saturday, June 2, 1956, for a dinner meeting at the Lanai. There were eighteen members present. Guests were: Dr. Michael De Bakey, Professor of Surgery from Baylor University, Dr. Yamauchi from Kuakini Hospital, and two internes, Drs. Kolios and Riklon.

After the dinner Dr. De Bakey presented an informative lecture on the topic of "Arteriosclerotic Occlusive Disease of the Lower Extremities."

Dr. James A. Mitchel, president of the Society, called the meeting to order and the following business was transacted: Dr. Walter Loo moved to accept the application for membership to the Society by Dr. William Davis. It was seconded by Dr. Bergin and passed unanimously.

A letter from Dr. Richard Lee from the Territorial Board of Health was read stating that Federal funds in the amount of $100,000.00 will be available for the purchase of polio vaccine on July 1, 1956. Information as to the wishes of the society on how the vaccine should be distributed was requested. After some discussion, Dr. Orenstein moved that we should accept the recommendation of the Board of Health that the vaccine be made available to individual physicians to be used according to present Federal priority regulations. It was seconded by Dr. Loo and passed unanimously. It was also recommended that the Board of Health publicize to the laity the fact that Federal funds have been made available for the cost of the vaccine.

The third item was a letter from Dr. James Kent Luce requesting a recommendation from the Hawaii County Medical Society to the Medical Board of Examiners to waive the one year residency requirement for licensure to fill the medical need at Parker Ranch. Dr. Orenstein moved and it was seconded by Dr. Mizuire that we recommend to the Territorial Board of Medical Examiners that in the case of Dr. James Kent Luce, the one year residency be waived provided his medical services are rendered at Waimea for at least a year. It was passed unanimously by the members.

The meeting was adjourned at 9:30 p.m.

KAY K. OTA, M.D.
Secretary

Honolulu

The regular monthly meeting of the Honolulu County Medical Society was held Tuesday, June 5, 1956, at 7:30 p.m. in the Mabel Smyth Auditorium. Dr. J. M. Felix presided and approximately 80 members and guests were present.

A movie taken of the 1956 Golf Tournament was shown before the scientific session. A very interesting panel discussion was held on the "Use of Hypnotism in Medical Practice." Discussants were Drs. Duke Cho Choy (pediatrics), Kiyoshi Inouye (surgery), and K. S. Tom (obstetrics).

A short business meeting followed. Drs. Edwin Robert Ballard, Vernon K. S. Jim, and H. James Lambert, Jr., were welcomed into the Society as new members. Dr. Felix reminded those doctors who had not returned their fee survey questionnaire to do so this week. A letter from the president of HMSA, Mr. Ralph O. Beck, Jr., was read informing the Society that in view of the satisfactory experience with the Community Group Plan from the period June 1, 1955, to November 30, 1955, the 20% deductions made on all claims would be returned to the participating physicians. A progress report submitted by the Special Public Health Survey Committee was read which included an invitation to any interested doctor to attend its next meeting to be held June 8, 4:30 p.m., at Mabel Smyth. A progress report of the Medical Care Plans Committee was also

(Continued on Page 615)

Notes and News

This column is written for your information and entertainment about your professional, scientific, and social accomplishments. If you have any newsworthy items, kindly phone the News Editor, Dr. W. J. Holmes, or his secretary at 6-2105, or mail them to 280 Young Hotel Building.

DOCTORS

Speakers . . .

Drs. Hastings Walker and **Robert Marks** addressed the annual meeting of the Oahu Tuberculosis and Health Association.

Drs. Robert Kimmich and **Robert Chung** addressed the Windward Oahu Community Association.

Dr. Claude Caver spoke before the French Conversation Group of the International Institute of Hawaii.

Dr. Dorothy Natsui addressed the Honolulu 4-H Leaders at the University of Hawaii on the subject of "Mental Health."

Dr. Charles H. Frie was forum leader at the Filipino United Church Marriage and Family Clinic on the subject of "Marriage, Physical and Spiritual."

Dr. Nils P. Larsen addressed the Hawaii Weed Conference at its annual meeting in Lihue.

Dr. Pershing S. Lo spoke before the Kaimuki Intermediate School PTA on "Good Mental Hygiene."

February was a busy month for **Dr. Ralph D. Cloward** who presented a paper on The Surgical Treatment of Hyperhydrosis Palmaris before the New England Neurosurgical Annual meeting held at Dartmouth in Hanover, New Hampshire. From Dartmouth he went to New York City to study surgical treatment of Parkinson's Disease. From New York he flew to Atlanta, Georgia where he had accepted an invitation to speak before the Atlanta Graduate Medical Assembly. Dr. Cloward then flew to Pebble Beach, California, to attend the meeting of the West Coast Neurosurgical Society which held a combined meeting with the San Francisco Neurological Society, of which Dr. Cloward is an honorary member. At this meeting he presented "Discography, Its Interpretation and Value in the Diagnosis of Ruptured Intervertebral Discs." It was at this Pebble Beach meeting that final arrangements were made for the 24th Annual Meeting of the Harvey Cushing Society, which was held in Honolulu April 15 to 18, 1956.

New Offices . . .

Dr. George Goto announces the opening of his offices at 210 Medical Arts Building, 1010 South King Street, with practice limited to obstetrics and gynecology.

Dr. Yutaka K. Yoshida announces the opening of his office at Room 207, Medical Arts Building, 1010 South King Street, with practice limited to general surgery.

Dr. Vernon K. S. Jim, son of Mr. and Mrs. A. K. Jim, of Wailuku, Maui, announces the opening of his office for the practice of Plastic and Reconstructive Surgery and Eye Surgery at 1481 South King Street, Honolulu, Hawaii.

Dr. Jim recently returned from The Mayo Clinic in Rochester, Minnesota, where he completed advanced training in Plastic and Reconstructive Surgery. Previous to that, he served as Instructor in Ophthalmology at the University of Chicago Clinics after completing residency training in ophthalmology at that institution. After graduating from the University of Chicago School of Medicine, he served a rotating internship at Cook County Hospital in Chicago, Illinois.

A veteran of World War II, he served as a Flight Surgeon with the Air Transport Command in the South Pacific and as Chief of the Eye, Ear, Nose, and Throat Section at Hickam Base Hospital.

Dr. Jim is qualified for the American Board of Plastic Surgery and is also certified by the American Board of Ophthalmology. He is also a Fellow of the American Academy of Ophthalmology and Otolaryngology.

He is married to the former Yun Soong Chock and they have four children: Arlene, Sandra, Gwendolyn, and Velma.

Two brothers of Dr. Jim are also in the medical field, Dr. Robert T. S. Jim and Dr. Edward L. S. Jim.

Appointments . . .

Dr. James R. Enright has been appointed a member of the Committee on Regional National Projects of the State and Territorial Epidemiologists Association.

Dr. Richard You has been named Assistant Physician for the American Olympic Teams at this year's games in Australia. Dr. You was also selected as the Sportsman of the Year by the Honolulu Quarterback Club.

Dr. Dean Walker has been named organizer of a 200-bed mobile emergency hospital.

Travelers . . .

. . . to India, Africa, Nepal, and Iran

Dr. Clarence E. Fronk who recently retired from an active medical practice announced his plans for the future. Dr. Fronk plans to see a bit more of the world and bag a few more elusive big game animals that got away from him in the past.

. . . to the South Seas

Dr. Tom Richert was one of forty-two passengers to visit romantic Bora-bora, Tahiti, and American Samoa in a recent excursion sponsored by a group of Honolulu businessmen.

. . . to Europe

Dr. and Mrs. Douglas Murray left for a 3-month trip that will take them through Scandinavia, England, and France.

. . . to California

Dr. and Mrs. Fred Alsup are vacationing in California for an indefinite period.

. . . to Texas

Dr. Max Levine attended the annual meeting of the Society of American Bacteriologists at Houston.

MITSUHARU HOSHINO, M.D.
1897-1956

Dr. Mitsuharu Hoshino, who was the first American of Japanese ancestry to practice medicine in Hawaii, died after a brief illness at St. Francis Hospital, May 29, 1956.

He was born in Honolulu on April 29, 1897, and attended the local public schools and the University of Texas where he received his B.S. and M.D. Postgraduate work was completed at the Postgraduate School of New York. He interned at the St. Vincent's Hospital in Norfolk, Virginia.

His career since he hung out his shingle in 1923 has been a constant example to those who followed in his footsteps. A quiet and modest man, he nevertheless occupied many positions of responsibility and leadership in the community. He was president of the Kuakini Medical Staff, an honorary life member of Kuakini Hospital and Home, a life member of Queen's Hospital, a director of the Oahu Tuberculosis Association, and during World War II, a medical examiner for one of the Honolulu Draft Boards.

He will be greatly missed by his many friends of all nationalities. To his wife, Mrs. Helene Tsuruyo Hoshino, the Society extends its deepest sympathy.

MITSUO KURAMOTO, M.D.

. . . to Illinois

Drs. Harry Arnold, Jr., Bernstein, Robert Chung, Cooper, Tadao Hata, Leslie Luke, Masunaga, Oto, Tsuneichi Shinkawa, Trexler, Wade, Wallis, and **West,** many of whom were accompanied by their wives, attended the annual meeting of the American Medical Association in Chicago.

. . . from the Mainland

Drs. Cyrus W. Loo, Thomas W. Cowan, and **Grover H. Batten** announced their return and resumption of medical practice.

In the Service . . .

Dr. Kenneth E. Ho has been promoted to Lt. Commander, Medical Corps, USNR.

Out of the Service . . .

Dr. Rowlin Lichter, son of **Dr. M. H. Lichter,** was discharged from the U. S. Air Force. Dr. Lichter returned to Northwestern University to continue his training in orthopedic surgery.

Dr. Herbert G. Pang has resumed practice at 52 South Vineyard after two years Army service in Japan and Korea. He was discharged with the rank of Captain.

Dr. Robert F. Boudreau who served in the Navy for two years has been released from active duty and is now living in Moncton, New Brunswick. He was formerly a resident on Kauai.

NEWS

ENT Course

The Department of Otolaryngology, University of Illinois College of Medicine, announces its Annual Assembly in Otolaryngology from October 1 through 7, 1956. The Assembly will consist of an intensive series of lectures and panels concerning advancements in otolaryngology, and evening sessions devoted to surgical anatomy of the head and neck and histopathology of the ear, nose and throat.

Interested physicians should write direct to the Department of Otolaryngology, 1853 West Polk Street, Chicago 12, Illinois.

International College of Surgeons

Examinations for qualified fellows of the International College of Surgeons will be held in Chicago, July 23-24 and October 29-30.

Oral conferences will be held on August 6 and October 22.

For details, write to the Secretary of the Qualifications Council, International College of Surgeons, 1516 Lake Shore Drive, Chicago 10, Illinois.

TAPP Meet

The annual meeting of the Territorial Association of Plantation Physicians will be held November 8, 9, 10, and 11 of this year. The scientific program will be held in the mornings, leaving the afternoons free for visiting and sightseeing.

All physicians in the Territory are most welcome to attend. Keep the date in mind.

Ob-Gyn Specialists

The American Academy of Obstetrics and Gynecology has been renamed The American College of Obstetricians and Gynecologists, Dr. Ralph E. Campbell, Madison, Wisconsin, President of The College has announced. The new name became official on May 11, following action by the Executive Board to carry out the wishes of the Fellows of the organization as voiced in a vote taken at the Annual Meeting in Chicago, last December.

The organization was first incorporated in August, 1951. It now has 3,831 Fellows and expects to induct some 500 new Fellows at its 1956 meeting which will be held at the Palmer House, in Chicago, on November 7, 8, and 9.

World Medical Association

The 10th General Assembly of The World Medical Association will be held in Havana, Cuba, October 9-15, 1956.

Further information may be secured from The World Medical Association, 10 Columbus Circle, New York 19, New York.

FOR SALE, due to ill health, completely equipped medical office for M.D. Best location in Honolulu. An excellent office R.N. capable of doing routine laboratory work will remain under suitable understanding. Call 5-6893 for further information.



Centennial Meeting

Hawaii Medical Association
April 22-29, 1956

HONOLULU, HAWAII
April 22 through April 29, 1956

The Centennial Meeting of the Hawaii Medical Association—which was the annual meeting for the one hundredth year of its corporate existence—was held in Honolulu with headquarters at the Reef Hotel in Waikiki. The registration included 250 visiting doctors, 170 visiting wives, 36 visiting guests, and 194 Hawaii doctors, 144 Hawaii wives, and 3 Hawaii guests. The following program was presented:

SCIENTIFIC PROGRAM

PANEL DISCUSSIONS: The Effect of Climate, Race, and Diet on Disease

CHAIRMEN:

Elmer Hess, M.D., Erie, Pennsylvania, President of the American Medical Association

George F. Strong, M.D., Vancouver, B. C., President of the American College of Physicians

SPEAKERS:

Race and Differential Aging
Edward Bortz, M.D., Philadelphia, Pennsylvania

Effect of Race, Diet, and Climate on Cardiovascular Disease
Kaare Rodahl, M.D., Fairbanks, Alaska

Is There a Future Danger to the Human Race from Fallout Radioisotope Particles?
B. J. Duffy, Jr., M.D., Washington, D. C.

Revised Concepts of Raynaud's and Buerger's Disease in Regard to Race
Frederick L. Reichert, M.D., San Francisco, California

Effect of Climate, Food, and Race on Allergic Diseases
George Piness, M.D., Los Angeles, California

The Relationship of Diet and Mood
William B. Terhune, New Canaan, Connecticut

Physiological Differences Produced by Race and Diet Other Than Vitamin and Mineral Deficiencies
Andrew C. Ivy, M.D., Chicago, Illinois

Climate, Diet, and Racial Cultural Differences in Relation to Emotional Problems
Harry A. Wilmer, M.D., Oakland, California

Effect of Race, Diet, and Climate on Cardiovascular Disease
John B. Levan, M.D., Reading, Pennsylvania

Effect of Race, Climate, and Diet on the Hematopoietic System
Paul Reznikoff, M.D., New York, New York

Genetic Implications in Health and Disease
Laurence H. Snyder, Sc.D., Oklahoma City, Oklahoma

PAPERS:

Hawaii: Her People, Past, Present, and Future
Presidential Address by Clarence E. Fronk, M.D.

Racial Aspects of Leprosy and Recent Chemotherapeutic Advances
Edwin K. Chung-Hoon, M.D., Honolulu, Hawaii

One Hundred Years of Public Health in Hawaii
Richard K. C. Lee, M.D., Honolulu, Hawaii

Incidence of Blindness in Hawaii
F. J. Pinkerton, M.D., Honolulu, Hawaii

DISTINGUISHED SERVICE AWARDS



Recipients of Distinguished Service Awards at the Centennial Meeting of the Hawaii Medical Association were, from left to right, Charles Frederick Chillingworth, LL.D., Forrest Joy Pinkerton, M.D., Miss Margaret Mary Louise Catton, Harry Loren Arnold, Sr., M.D., and Nils Paul Larsen, M.D.

For the first time, distinguished service awards were presented. The citations for the five recipients follow:

Dr. Harry Loren Arnold, Sr.

Harry Loren Arnold, Sr., Doctor of Medicine, Michigan-born, has been practicing medicine in Honolulu for thirty-seven years. He served in the U. S. Army Medical Corps from 1917 to 1921; became a charter member of the Hawaii Academy of Science in 1926, and was elected its President in 1939; was elected President of the Honolulu County Medical Society in 1928; has been a member of the Board of Trustees of Leahi Hospital for Tuberculosis since 1931, and its President since 1946; has been a member of the Medical Advisory Committee of The Queen's Hospital since 1933, and its Chairman since 1947; was elected President of the Hawaii Medical Association in 1938; was Governor for Hawaii of the American College of Physicians from 1938 to 1948; has been Chief of Medical Service at The Queen's Hospital since 1939; was Chief of the Emergency Medical and Ambulance Service of the Office of Civilian Defense in Hawaii from 1941 to 1946; has been a member of the Interne Committee of The Queen's Hospital since 1944; was appointed a member of the Loyalty Appeals Review Board of the U. S. Civil

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The prevention and control of cellulitis, abscess formation, and generalized sepsis has become commonplace technique in surgery since ACHROMYCIN has been available. Leading investigators have documented such findings in the literature.

For example, Albertson and Trout[1] have reported successful results with tetracycline (ACHROMYCIN) in diverticulitis, gangrene of the gall bladder, tubo-ovarian abscess, and retropharyngeal abscess. Prigot and his associates[2] used tetracycline in successfully treating patients with subcutaneous abscesses, cellulitis, carbuncles, infected lacerations, and other conditions.

As a prophylactic and as a therapeutic, ACHROMYCIN has shown its great worth to surgeons, as well as to internists, obstetricians, and physicians in every branch of medicine. This modern antibiotic offers rapid diffusion and penetration, quick development of effective blood levels, prompt control over a wide range of organisms, minimal side effects. There are 21 dosage forms to suit every need, every patient.

[1]Albertson, H. A., and Trout, H. H., Jr.: *Antibiotics Annual* 1954-1955, Medical Encyclopedia, Inc., New York, 1955, pp. 599-602.

[2]Prigot, A.; Whitaker, J. C.; Shidlovsky, B. A., and Marmell, M.: *ibid.*, pp. 603-607.

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ACHROMYCIN ACHROMYCIN

Service Commission from 1949 to 1953; has been Chairman of The Queen's Hospital Disaster Committee since 1953; was elected Chief of Staff of The Queen's Hospital in 1954; has been a member of the Board of Directors of The Queen's Hospital since 1955.

Scholar, leader, distinguished physician, Past President, Dr. Arnold richly merits the Distinguished Service Award of the Hawaii Medical Association, which is given him in recognition of innumerable services to the medical profession and to the citizens of this community, above and beyond the call of his routine professional responsibilities.

Dr. Nils Paul Larsen

Nils Paul Larsen, Doctor of Medicine, born in Sweden, a naturalized American citizen since childhood, has practiced medicine in Honolulu for thirty-four years. He served in the Medical Corps of the United States Army from 1917 to 1919; was Pathologist and Medical Director of The Queen's Hospital from 1922 to 1942; was elected President of the Honolulu County Medical Society in 1927, and President of the Hawaiian Academy of Science in 1928; was appointed Medical Adviser to the Hawaiian Sugar Planters' Association in 1930, a position he has occupied with distinction ever since; founded *Plantation Health* in 1930 and has been its editor since that date; served on the Nursing Advisory Committee of The Queen's Hospital from 1933 to 1942, and has been a member of the Medical Advisory Committee of that institution from 1933 to the present time; was one of the six co-founders of The Medical Group in 1934; was re-elected President of the Honolulu County Medical Society in 1945; has been Governor for Hawaii of the American College of Physicians since 1949; was elected Second Vice President of the Oahu Health Council in 1949, Director in 1951, and First Vice President in 1953; was a Trustee of the Honolulu Academy of Arts from 1951 to 1956; was elected President of the Hawaii Medical Association in 1954.

Guide and spokesman for rural medicine in Hawaii, distinguished physician, good citizen, author, Past President, Dr. Larsen has earned many times over the Hawaii Medical Association's Distinguished Service Award in recognition of countless services to the medical profession and to the citizens of this community, above and beyond the call of routine professional responsibilities.

Dr. Forrest Joy Pinkerton

Forrest Joy Pinkerton, Doctor of Medicine, has practiced medicine in Honolulu for thirty-seven years. He was born in Indiana. He served in the Medical Corps of the United States Army from 1917 to 1919; was appointed a member of the Board of (Leprosy) Hospitals and Settlement in 1920, and served until 1948; was elected President of the Honolulu County Medical Society in 1923; was Secretary of the Pan-Pacific Surgical Association from 1928 to 1939, President of that organization in 1948, and its Director-General since 1952; was elected President of the Hawaii Medical Association in 1929; was appointed to the Board of Health from 1929 to 1933 and from 1943 to 1948; has been Secretary-Treasurer of the Hawaii Chapter of the American College of Surgeons since 1929; has been a member of the Medical Advisory Committee of The Queen's Hospital since 1933; was Delegate to the American Medical Association from Hawaii from 1935 to 1949; was Chairman of the Public Health Committee of the Chamber of Commerce of Honolulu from 1937 to 1948; has been Chairman of the Shrine Football Committee since 1937; has been Director of the Blood Bank of Hawaii since 1941 and its President since 1943; was Director of Procurement and Assignment of Physicians for Hawaii, 1942 to 1945; has been a member of the Board of Directors of the Maunalani Hospital since 1944; has been a member of the Interne Committee of The Queen's Hospital since 1944; has been a member of the Board of Directors of The Queen's Hospital since 1945; was elected President of the Oahu Health Council in 1946, and served until 1951, and was a Director in 1952; has been Chief of the Eye, Ear, Nose and Throat Service at The Queen's Hospital since 1949; was appointed Consultant to the Surgeon General, U. S. Air Force, in 1953; has been Chairman of the Credentials Committee of The Queen's Hospital since 1954.

Tireless and constructive worker in the cause of organized medicine, distinguished surgeon, good citizen, Past President, Dr. Pinkerton has more than earned the Hawaii Medical Association's Distinguished Service Award in recognition of innumerable services to the medical profession and the citizens of this community, above and beyond the call of his routine professional responsibilities.

Margaret Mary Louise Catton

Margaret Mary Louise Catton, first island-born girl to receive training in a professional school of social service work, returned to her native Hawaii thirty-seven years ago to become Special Probation Officer of the Juvenile Court. She has been highly influential in the improvement of health and social conditions in this community ever since. Out of the recommendations she made during her three years as Special Probation Officer, came the Psychological Clinic at the University of Hawaii, the Court of Domestic Relations, and Honolulu's first Veneral Disease Treatment Clinic, all established in 1922. She founded the Hawaii Chapter of the American Association of Social Service Workers, and has herself been made an emeritus member of this national organization. She founded the Hospital Social Service Association of Hawaii, later renamed the Medical Social Service Association. She was a principal founder of the Hawaii Medical Service Association in 1938, of the Bureau of Mental Hygiene in 1939, and of the Maunalani Hospital and Convalescent-Nursing Home in 1944. She is the author of *A History of Social Service in Hawaii,* still in press.

Distinguished exponent of the philosophies and practice of medical social service, effective organizer, indefatigable worker in behalf of better social and health practices in the community, leader in social and administrative reforms, good citizen, Mary Catton more than deserves the Hawaii Medical Association's Distinguished Service Award, which is given to her in recognition of manifold services rendered by her to the medical profession and to the citizens of this community generally, above and beyond the call of her routine professional responsibilities.

Charles Frederick Chillingworth, LL.D.

Charles Frederick Chillingworth, Honorary Doctor of Laws, born in Hawaii, has practiced good citizenship in this community for over sixty years, and much of his efforts have been expended in the interest of better health for other people. He became the first Deputy High Sheriff of Hawaii in 1898; he was elected to the Senate of the Hawaiian Legislature from 1906 to 1922 and

from 1924 to 1928, and was President of the Senate from 1915 to 1921; he was Postmaster of Honolulu from 1931 to 1935; he has been President of the Hawaiian Civic Club and of the Native Sons and Daughters of Hawaii, Council No. 1; he became a life member of the Maunalani Convalescent Hospital in 1944; he was Secretary of the Territorial Affairs Committee of the Chamber of Commerce of Honolulu from 1948 until his retirement in 1953; he was instrumental in the founding of the Oahu Health Council, and a member of its Board of Directors from 1949 to 1954; he was a member of the Legislative Committee of the Honolulu Chamber of Commerce from 1949 through 1955, and Chairman of the Legislative Subcommittee of the Chamber's Public Health Committee, as well as a member of the Legislative Committee of the Oahu Health Council, and in these capacities exerted a major influence on the passage or failure of all health legislation in the past four legislative sessions.

Soldier, solon, *keiki o ka aina,* tireless worker in behalf of better health for his community, public-spirited and distinguished citizen. Charles F. Chillingworth fully deserves the Hawaii Medical Association's Distinguished Service Award, which is given to him in recognition of countless services rendered indirectly to the medical profession and directly to his fellow-citizens, above and beyond the call of his routine professional responsibilities.

MEETINGS

Scientific Sessions, Monday and Tuesday breakfasts at the Reef Hotel and Friday evening at the Mabel Smyth Building

Council, Monday lunch at the Reef Hotel

House of Delegates, Wednesday, Thursday, and Friday mornings at the Mabel Smyth Building

A Century of Medicine in Hawaii, a dramatic cavalcade presented Tuesday and Wednesday evenings at McKinley Auditorium

Woman's Auxiliary—Board and House of Delegates, Wednesday morning, home of Mrs. W. J. Holmes
Annual membership meeting, Friday morning, Reef Hotel

SOCIAL PROGRAM

Cocktail party, Sunday evening, Reef Hotel

Luau for American College of Physicians, Sunday evening, Queen's Surf

Cocktails and luau (annual banquet of the Hawaii Medical Association), Thursday evening, Queen's Surf

International fashion show, Friday evening, Mabel Smyth Building

Breakfast for golfers, Sunday morning, Waialae Country Club (courtesy of Pfizer Laboratories)

Golf tournament, Sunday morning, Waialae Country Club

Picnic for doctors' wives and children, Sunday, home of Dr. Marie Faus

Picnic for doctors, Sunday, home of Dr. Harry L. Arnold, Jr.

NOTES

Scientific papers presented have been submitted for publication in the HAWAII MEDICAL JOURNAL.

The Golf Tournament was won by Dr. Toru Nishigaya of Honolulu.

PROCEEDINGS

The minutes of meetings and reports follow:

MINUTES OF COUNCIL MEETING

Monday, April 23, 1956, at 12 noon
Reef Hotel

PRESENT: Dr. Fronk, presiding; Drs. Yuen (Hawaii), Boyden (Kauai), Patterson (Maui), Ito, Hartwell, Gaspar, Homer Benson, H. Q. Pang, and Arnold, Jr. (delegate to AMA).

MABEL SMYTH BUILDING: An amendment to the Mabel Smyth agreement was approved whereby the Board of Management may select the custodian of all rentals, fees, and other moneys collected by them, instead of being required to deposit them with Hawaiian Trust, which charges ve per cent on all rentals.

NEXT MEETING: The Council recommends to the Delegates that the next annual meeting be held on Kauai the weekend of May 2-5, 1957.

RESIGNATIONS: Dr. Gaspar submitted his resignation as Councillor, since he is a candidate for President-Elect. The resignation was accepted to take effect after this meeting.

It was reported by Mrs. Bennett that Mrs. Florence Sueoka would be leaving on May 10 to live on the mainland. She has served the Association faithfully and well for five years. No satisfactory replacement has yet been found.

Mrs. Edith Bennett presented her resignation as executive secretary and managing editor to take effect as soon as her successor can be found. It was accepted with deep regret and profound thanks for a job very well done. Dr. Hartwell will prepare an appropriate letter. The Council agreed that Mrs. Bennett should be given a life subscription to the HAWAII MEDICAL JOURNAL. Dr. Arnold, Jr., and Dr. Fronk will serve as a committee to find a replacement for Mrs. Bennett.

JOURNAL COSTS: Dr. Arnold reported that the *Star-Bulletin* printed our MEDICAL JOURNAL at an actual loss of $4,000.00 last year. Naturally they must operate at a profit and they are therefore proposing an increase of approximately 30 per cent in our printing costs. To help meet the increase, the Council proposed that beginning January 1, 1957, the JOURNAL increase its rate to $4.00 for the first subscription and $2.00 for each additional subscription by the same subscriber, with a special price of $2.00 for members of the Territorial Nurses' Association.

It was suggested that Dr. H. Q. Pang and our auditor might check the cost figures submitted by the *Star-Bulletin,* although Mrs. Bennett stated that these figures were strictly confidential. In view of the excellent work of the *Star-Bulletin* and our cordial relations with them, the Council approved the acceptance of the proposed increase for printing the JOURNAL.

Dr. Gaspar moved that Dr. Arnold, Jr., be reimbursed for his annual meeting registration and breakfast fees in token appreciation of his invaluable services as JOURNAL editor. The motion was seconded and passed.

FINANCES: The budget was presented and discussed, particularly in relation to the costs of the present Centennial meeting. Since it will be a matter of weeks before we know the complete financial picture of the Centennial and what salaries may be paid to new personnel, the budget submitted by the treasurer was tentatively approved, subject to revision when the financial situation is more definitely known.

It was reported that the Honolulu County president plans to propose a change in the manner of collecting Territorial dues. The Council recommended that a committee be appointed to study a possible revision of the by-laws for this purpose.

CRIPPLED CHILDREN: On motion of Dr. Patterson, the Council recommended that the family physician be notified in case of any defect found by the Bureau of Crippled Children.

COUNTY REPORTS: Dr. Patterson mentioned that Maui held a seminar on pediatrics by Dr. Freeman and Dr. Arthur, which was omitted from their report.

ANNUAL REPORTS: The Council recommends that a copy of each annual committee report be given to the incoming chairman of that committee.

LEGISLATION: It was strongly recommended that every doctor join his precinct club and take an active part in it.

The Council recommends to the House of Delegates that $150.00 be raised from the County Societies (three-quarters of it from Honolulu) in legislative years for the expenses of the Legislative Committee.

HEALTH EDUCATION: The Council recommends to the House of Delegates that since the budget has no leeway to cover the request of the Health Education Committee for $800.00 to cover costs of its monthly TV programs, the entire $679.29 balance remaining in the Public Service Fund should be set aside for the TV programs. The Council had been informed that the Health Education Committee felt its TV programs were more effective in public relations than the annual press-radio dinner.*

FIREWORKS: The Council went on record in favor of the model fireworks control bill.

There being no further business, the meeting was adjourned.

WILLIAM S. ITO, M.D.
Secretary

MINUTES OF MEETING HOUSE OF DELEGATES

Wednesday, April 25, 1956, at 8:00 A.M.
Mabel Smyth Auditorium

As chairman, Dr. Clarence Fronk introduced Dr. Elmer Hess, president of the American Medical Association. Dr. Hess gave an excellent outline of the AMA and its relationship to the territorial and county medical societies. He spoke particularly of the duties and responsibilities of individual physicians to their communities as well as to their patients and their fellow physicians. He described how policies are made by the AMA and told the doctors that we must either have an adequate insurance program or accept government medicine. Dr. Hess also answered questions from the various delegates.

Dr. Fronk also spoke briefly about the doctor's place in the community.

Dr. Devereux announced that the Academy of General Practice would hold a lunch meeting at the Elks Club with Dr. Hess as speaker.

The minutes of the Council meeting were read but no action was taken.

The meeting adjourned until the following morning.

SECOND DELEGATES SESSION

Thursday, April 26, 1956 at 8:00 A.M.

PRESENT: Dr. Clarence E. Fronk, presiding; Drs. Boyden (Kauai), Felix, Fleming, Ito, T. David Woo (Hawaii), R. H. Gray (Hawaii), Peter Kim (Kauai), Burden (Maui), R. G. Benson, Thomas Chang, Edmund Ing, Millard, L. Q. Pang, Quisenberry, Bailey, Batten, Morgan, Wm. H. Stevens, Johnsen, Sugihara, and Bennett.

ACTION ON COUNCIL RECOMMENDATIONS: Dr. Felix moved to adopt an amendment to the Mabel Smyth Building Agreement whereby the Board of Management may select the custodian of all rentals, fees, and other moneys collected by them instead of being required to deposit them with Hawaiian Trust, which charges five per cent of all rentals. Motion was seconded by Dr. Quisenberry and passed.

A motion was made by Dr. Burden to hold the next annual meeting on Kauai the week-end of May 2-5, 1957. The motion was seconded by Dr. Ing and passed.

A motion to accept the resignations of Dr. Gaspar as Councillor, since he is a candidate for President-Elect, Mrs. Edith Bennett as Executive Secretary and Managing Editor of the HAWAII MEDICAL JOURNAL, and Mrs. Florence Sueoka, secretary, was made by Dr. Felix, seconded and passed.

Dr. Arnold, Jr., informed the delegates of the proposed increase of approximately 30 per cent in printing costs of the HAWAII MEDICAL JOURNAL and discussed the Council's recommendation to help meet the rise by an increase in the JOURNAL subscription rate as of January 1, 1957, to $4.00 for the first subscription and $2.00 for each additional subscription by the same subscriber, with a special price of $2.00 for members of the Territorial Nurses' Association, because of the large volume of subscriptions we receive from their members. Dr. Arnold also discussed advertising rates and printing costs. The date of January 1, 1957, for the proposed increase in subscription rates was suggested so that the delegates may take this proposal back to their county societies and discuss it before the next annual dues are assessed so that it would not come out of this year's budget. The budget figure of the cost of the JOURNAL operations will have to be revised inasmuch as the increase in cost is not accurately reflected therein. It was impossible to estimate the correct cost because the *Star-Bulletin* had not given us a final figure when the budget was prepared. Dr. Felix made a motion that the recommended increase in the subscription rate be accepted and the matter be taken to the respective county societies by the delegates. Dr. Johnsen seconded the motion and it was passed.

A motion was made by Dr. Felix that the Territorial President appoint a committee of 3 to 5 members to (1) review the methods of dues payment and allocation between the county societies and the territorial association, (2) invite the finance committee or members of the various county societies, and (3) report their findings and recommendations to the various county societies, Boards of Governors and House of Delegates within the next 6 months. This motion was seconded and passed.

The delegates discussed various points contained in the budget, which was contained in the Treasurer's report and tentatively approved by the Council. A motion was made and seconded to approve the budget tentatively, subject to revision when the financial situation of the Centennial is more definitely known. This motion was amended to the effect that $800.00 be added to the regular budget for expenses of the Medical Association to grant the $800.00 request of the Health Education Committee and that the Public Service fund of $679.29 be left intact for the use of the Public Service Committee. The amendment was seconded and passed. The motion to approve the budget tentatively was seconded and passed.

1956-1957 BUDGET

Tentatively accepted by House of Delegates, to be revised when the financial picture is more definitely known:

* See page 578 for action taken on this recommendation.

INCOME	
Dues	$10,675.00
JOURNAL Advertising	15,500.00
JOURNAL Subscription and Sales	2,900.00
Interest Income	400.00
Miscellaneous	170.00
Centennial	21,000.00(?)
	$50,645.00
EXPENSE	
AMA Convention	$ 2,145.00
Audit	85.00
Centennial	21,000.00(?)
JOURNAL	17,500.00
Library	100.00
Miscellaneous	350.00
Postage	325.00
Rental	1,908.00
Salaries	9,600.00
Supplies	300.00
Furniture	125.00
Taxes	200.00
Telephone and Telegraph	300.00
Travel	187.00
Health Education	800.00
	$54,925.00

The delegates passed the Council's recommendation that the family physician be notified in case of any defect found by the Bureau of Crippled Children.

A motion was made that the President of the Territorial Association appoint several reference committees, well in advance of the annual meeting, to go over all recommendations contained in the various annual reports and select those recommendations to be presented to the House of Delegates for action in such a manner that they may be adopted or rejected. This proposal was made in order to carry out more effectively the recommendations in the various reports. The motion was seconded and passed.

Dr. Felix moved that a copy of each annual committee report be given to the incoming chairman of that committee. Dr. Millard seconded the motion and it was passed.

A motion made by Dr. Felix to refer to the county societies the recommendation of the Council for $150.00 to be raised from the county societies (three-quarters of it from Honolulu) in legislative years for the expenses of the Legislative Committee was seconded by Dr. Ing and passed.

The delegates approved the recommendation of the Council to go on record in favor of the model fireworks control bill.

Dr. Fronk read a letter, prepared by Dr. Hartwell, regarding the resignation of Mrs. Edith Bennett. The House of Delegates accepted this resignation with deep regret and congratulations on a job very well done.

A motion was made, seconded and passed to appoint the President-Elect to the committee of Dr. Fronk and Dr. Arnold, Jr., to find a successor for Mrs. Bennett's position.

ANNUAL REPORTS:

American Medical Education Foundation Committee—Dr. Felix moved that the portion of the Annual Report of the American Medical Education Foundation Committee which recommends that the county woman's auxiliaries be given definite jobs through telephone calls twice per year be rejected. He explained that this would be an unnecessary burden on the woman's auxiliaries and that if some action was necessary by the county societies, perhaps a well worded letter from the President or some committee chairman would be more effective with the business men in Honolulu. The motion was seconded and passed.

Cancer Committee—A motion was made by Dr. Felix that the delegates disapprove that portion of the Annual Report of the Cancer Committee which recommends that a list of doctors be set up by the Medical Association who desire to participate in cancer detection examinations and that this list be made available by the Medical Association to the Hawaii Cancer Society and the Bureau of Cancer Control of the Territorial Health Department as well as to other persons who may call the Medical Society, and that the names be selected in rotation. Discussion of the advisability of preparing such a list was carried on at length by the delegates. Finally Dr. Felix's motion to disapprove the entire proposal was seconded and carried.

The meeting adjourned until the following morning.

THIRD DELEGATES SESSION

Friday, April 27, 1956 at 8:00 A.M.

PRESENT: Dr. Clarence E. Fronk, presiding; Drs. Boyden (Kauai), Felix, Fleming (Kauai), Ito, H. Q. Pang, T. David Woo (Hawaii), Peter Kim (Kauai), Burden (Maui), Patterson (Maui), Arthur, R. G. Benson, Thomas Chang, Edmund Ing, Millard, L. Q. Pang, Quisenberry, Bailey, Batten, Herbert Chinn, Holmes, Morgan, W. H. Stevens, James Wong, Johnsen, and Thomas Bennett.

ANNUAL REPORTS: There were no further comments or discussion on the annual reports. A motion was made, seconded and passed to approve and accept the annual reports of the various committees with the revisions which had been made by the delegates.

NEWSPAPER ARTICLES ON THE KAISER HEALTH PLAN: There was a discussion of the findings of Dr. Frederick Pellegrin as reported to Dr. Arnold, Jr. Dr. Pellegrin has been conducting a study for Mr. Kaiser on the advisability of establishing a Kaiser Health Plan in Honolulu. These findings indicated, said Dr. Arnold, that this was neither the time nor the place to attempt to start the plan. The newspaper account of Dr. Pellegrin's findings indicated that Mr. Kaiser was ready to start his hospital and health plan. It was pointed out during the discussion that this confusion and misinterpretation were due to the obscure wording of the report of the findings. This was illustrated when the letter from Dr. Pellegrin, received for publication in the HAWAII MEDICAL JOURNAL, was read to the delegates. A lengthy discussion followed on the advisability of publishing this letter or portions thereof in the JOURNAL. A motion was made by Dr. Felix that no part of the letter be printed in the JOURNAL; however this would not preclude the publication of a shorter and more direct letter, as well as editorial comments, if such a letter is received from Dr. Pellegrin, as was requested. The motion was seconded and carried by a vote of 20 to 3.

LUAU FOR THE CAST: A motion was made, seconded and passed that the Association give a luau for those persons who actively participated in the production of "A Century of Medicine in Hawaii," as a token of thanks for their hard work. The luau will be held on May 4, 1956, at the Queen's Surf and paid for from the Centennial funds. Any persons invited shall pay for any guests they may desire to have attend the luau.

TUBERCULOSIS SURVEY: The manner in which the Health Department notifies patients and private physicians of any abnormalities found in X-rays taken during the Tuberculosis Survey was discussed by the delegates. It was decided the House of Delegates would not take action but that the matter should be referred to the Health Department.

PROGRAM COMMITTEE: The Maui County Medical Society requested that they be allowed a representative on the Program Committee for next year's annual meeting

so that they may help plan the program timing to fit in with the doctors' schedules. This request was granted by the President and the societies desiring to be represented will submit the names of the representatives who will attend the committee meetings.

ELECTION OF OFFICERS: The report of the Nominating Committee was read and nominations were made from the floor. The committee's nominations were as follows:

President-Elect.....Dr. Louis Gaspar
Secretary.....Dr. Satoru Nishijima
Council.....Dr. Homer Benson, Honolulu (to succeed himself)
Dr. Howard Liljestrand, Honolulu (to succeed Dr. Louis Gaspar whose resignation was accepted)
Dr. Theodore Oto

The following doctors were nominated from the floor:

President-Elect.....Dr. Samuel Yee
Council.....Dr. Thomas Bennett (Honolulu)
Dr. Homer Izumi (Honolulu)

A motion was made, seconded and passed to close the nominations from the floor.

A motion was made that as far as the Councillors for Honolulu are concerned, the person with the highest votes shall have the longest term. The motion was seconded and passed.

A motion was made, seconded and passed that the secretary be instructed to cast a unanimous ballot for Drs. Oto and Nishijima.

The results of the election were as follows:

President-Elect:	VOTES
Dr. Louis Gaspar	10
Dr. Samuel Yee	15
Council:	
Dr. Thomas Bennett	12
Dr. H. Benson	12
Dr. Homer Izumi	22
Dr. H. Liljestrand	1

A run-off vote was then taken on the tie of Drs. Bennett and Benson with the following results:

Dr. Thomas Bennett	13
Dr. H. Benson	11

There was no further business, so the meeting was adjourned.

WILLIAM S. ITO, M.D.
Secretary

OFFICERS' REPORTS

REPORT OF THE SECRETARY

William S. Ito, M.D.

The total membership of the Association in all classes is 511, of which 427 (2 more than last year) are paid regular members. By counties this membership is made up as follows:

	REGULAR	ASSOCIATE	RETIRED	LIFE	MILITARY SERVICE	HONORARY	INACTIVE	TOTAL, ALL CLASSES
Hawaii	43	....	....	....	2	3	2	50
Honolulu	344	41	4	9	10	12	....	420
Kauai	13	....	....	....	....	....	....	13
Maui	27	....	....	....	....	1	....	28
	427	41	4	9	12	16	2	511

The total number of physicians licensed to practice medicine in the Territory of Hawaii as of March 22, 1956 is 698. Of this number 523 are now residing in the Territory. Of these 468, or approximately 89.5 per cent, belong to the Hawaii Medical Association.

We have 418 active members of the American Medical Association and 72 associate members.

REPORT OF THE TREASURER

H. Q. Pang, M.D.

The balance sheet of the Hawaii Medical Association and the related statement of changes in funds as of February 29, 1956 were examined by the auditing firm of Leman & Hough, C. P. A.'s, and found to be in conformity with generally accepted accounting principles.

There is a net increase in the general fund of $1,137.90, making a total of $20,524.87 in the general fund for the year ended February 29, 1956. This, of course, includes liabilities, furniture, etc.

The increase in journal expense which has surpassed our budget by $1,057.84 has been brought about by the rising cost of publication but it has been offset by the increased advertising income.

Delegates to the A.M.A. conventions have continued to travel by air coach where possible resulting in a saving of $191.54.

For the Centennial expense $5,000 was budgeted but actual expenses amounted to $1,323.72 and the balance will be allocated to the 1956-1957 Centennial budget.

A copy of the Auditors' report together with the financial statement as of February 29, 1956 has been placed on file and a brief summary is herewith presented.

It is recommended that Leman & Hough be retained as our auditors for another year, since their services have been most satisfactory.

A budget for the income and anticipated expenses for the year 1956-1957 has been prepared and is herewith presented for your approval:

	BUDGET 1955-1956	ACTUAL FIGURE	BUDGET 1956-1957
INCOME			
Dues	$10,600.00	$10,625.00	$10,675.00
JOURNAL Advertising	12,600.00	13,750.72	15,500.00
JOURNAL Subs. and Sales	2,530.00	2,526.90	2,900.00
Annual Meeting	2,500.00	2,434.88	.....
Interest Income	200.00	459.04	400.00
Miscellaneous	185.00	167.99	170.00
Centennial	.....	722.50	21,000.00(?)
	$28,615.00	$30,687.03	$50,645.00
EXPENSE			
AMA Convention	$ 2,735.00	$ 2,543.46	$ 2,145.00
Audit	85.00	85.00	85.00
Centennial	5,000.00	1,323.72	21,000.00(?)
JOURNAL	12,600.00	13,657.84	17,500.00
Library	100.00	100.00	100.00
Miscellaneous	350.00	323.65	350.00
Postage	275.00	322.97	325.00
Rental	1,128.00	1,128.00	1,908.00
Salaries	9,300.00	9,300.00	9,600.00
Supplies	300.00	300.96	300.00
Furniture	125.00	122.40	125.00
Taxes	200.00	181.82	200.00
Telephone and Telegraph	350.00	281.71	300.00
Travel	100.00	.....	187.00
	$32,648.00	$29,671.53	$54,125.00

You will note that anticipated income from the Centennial is an unknown factor and will be derived mainly from: (1) $25 doctor's registration fee, (2) $10 from each non-medical guest, (3) sale of Centennial pageant tickets, and (4) technical exhibits.

Centennial expenses also cannot be definitely known in advance.

The increase in the HAWAII MEDICAL JOURNAL expense anticipated for this year is due to the extra cost of the Centennial issue and the fact that our overall printing costs are now due for another raise.

We anticipate a deficit for the year but being the Centennial year this is to be expected. However, we shall endeavor to operate as economically as possible. Fortunately there is enough in the savings account to cover any reasonable deficit that may be incurred.

Our rental has increased because of the need of more office space at the Mabel Smyth Building.

An increase of $300 in the salaries is necessary this year to pay for a new assistant secretary who is to be trained for one month prior to Florence Sueoka's resignation in May 1956 and who is also to help with the Centennial.

You will notice that although a hundred dollars was budgeted for travel and none of it was spent last year, we have budgeted $187 for the coming year. This was because Dr. Fronk made his presidential visits during the latter part of his term following the close of the fiscal year. Next year's budget must cover two years' presidential visits.

By action of the Council meeting on February 24, 1956 the entire remaining sum of $679.29 in the Public Service Committee fund has been designated for the Health Education Committee to defray the expenses for television programs.*

COUNTY SOCIETY REPORTS

SUMMARY OF ACTIVITIES OF THE HAWAII COUNTY MEDICAL SOCIETY

James A. Mitchel, M.D., Secretary

May 4—Dr. William M. M. Kirby talked on infectious diseases and their treatment.

May 27—Movies on "Pheochromocytoma" and "Poliomyelitis Vaccine" shown.

June 24—Dr. H. Yannet spoke on "Medical Aspects of the Retarded Child."

September 1—Dr. M. L. Chang reported on conventions of the A. M. A. and A. C. C. P.
Movie on "Adrenosem" shown.

September 30—Dr. James Cherry spoke on "The Management of Abdominal Trauma."

October 22—Joint dinner with Woman's Auxiliary given by the Pfizer Company.

December 16—Panel discussion on Dr. Dameshek's lecture series on "Hematology" by Doctors Stemmermann, Gray and Yamanoha.

January 13—Dr. Quisenberry presented a movie on "Tumors of Childhood."
Dr. Faus and Mr. Yuen of HMSA discussed excessive costs to HMSA from this island.

March 2—Dr. Jun-ch'uan Wang discussed "Radio-Isotope Procedures."

March 16—Election of officers.

SUMMARY OF THE ACTIVITIES OF THE HONOLULU COUNTY MEDICAL SOCIETY

R. T. West, M.D., Secretary

The Honolulu County Medical Society held eleven membership meetings during 1955, three of which were special meetings devoted to the discussion of the Community Group Medical Plan and one for the Poliomyelitis Program. The annual meeting of the Society was held December 6, 1955 at which time the officers and other non-appointed committee members for 1956 were elected. The annual fun dinner was held at the Natsunoya Tea House on October 1 where a typical Japanese dinner was enjoyed by all.

Activities approved by the membership were as follows: (1) Acceptance of the Community Group Medical Plan, (2) compliance with the program set up by the Board of Health for the Territory-wide Poliomyelitis Vaccine Program, (3) standardization of a medical insurance claim form, (4) approval of printing of new Fee Survey Summary and (5) amending the Constitution and By-Laws which changed the title of Vice President to President-Elect.

The Scientific Session held at the beginning of each regular meeting included papers and discussions on varied subjects by many prominent mainland doctors. Local doctors were also well represented on various programs.

The postgraduate speaker for 1955 was Dr. William M. M. Kirby, Associate Professor of Medicine at the University of Washington, who presented a series of stimulating lectures, April 26 through May 6, on new advances in Internal Medicine.

SUMMARY OF ACTIVITIES OF THE KAUAI COUNTY MEDICAL SOCIETY

Burt O. Wade, M.D., Secretary

Eleven meetings were held during 1955-56, with an average attendance of 81%.

Treasurer's report shows a balance of $216.57.

During the year the following visiting doctors presented scientific papers and discussions:

1. Robert Johnston, M.D.
2. William M. M. Kirby, M.D.
3. Herman Yannet, M.D.
4. Walter Quisenberry, M.D.

Approved:

1. Tuberculin skin test program in Kauai High School children.
2. Continuation of the Pregnancy Study on Kauai.
3. 100% participation in HMSA Community Group Medical Plan.
4. Survey of childhood heart disease in 4th graders.

SUMMARY OF ACTIVITIES OF THE MAUI COUNTY MEDICAL SOCIETY

James F. Fleming, M.D., Secretary

Number of regular meetings: 7.
Number of special meetings: 9.
Guest speakers:

1. Drs. S. Nishijima, William Walsh and Angie Connor—"Intravenous Levulose Therapy."
2. Dr. Kirby—Latest Developments in Antibiotics.
3. Mr. Joseph Veltmann—HMSA.
4. Mr. Lloyd Eckmann—Treatment of Alcoholism.
5. Dr. W. Quisenberry—Tumors in Childhood.
6. Dr. Clarence Fronk.

Salk Polio Vaccine Film shown by Eli Lilly and Company.

Plantation Physicians Convention held on Maui in November, 1955.

COMMITTEE REPORTS

REPORT OF THE AMERICAN MEDICAL EDUCATION FOUNDATION COMMITTEE

Min Hin Li, M.D., Chairman

It is a pleasure to report that the doctors of Hawaii have contributed to medical education in 1955 far more, in fact 25% more, than in 1954.

Another encouraging fact is that 40 more doctors have sent in money directly to the American Medical Education Foundation or their respective alma mater.

* See page 578 for action taken at Annual Meeting in regard to this fund.

In 1954, only 4 sent directly to AMEF, but in 1955, the number increased to 12. One hundred ten alumni of medical colleges were involved in 1954, but 160 were conscious of giving in 1955.

The doctors of Hawaii gave $6,691.50, exceeding nine states, Alaska and Puerto Rico.* This in itself is exceedingly good, as we are on a voluntary basis without the expenditure of a single penny.

To increase the effectiveness of this private enterprise which netted $2,505,750.75 for medical education, plus the millions given to many private medical schools by the Ford Foundation, I will recommend:

1. That the incoming president send letters to the different Chambers of Commerce in the territory.
2. That the different foundations be sent periodically brochures by the Foundation located in Chicago.
3. That the Woman's Auxiliaries of our different County Societies be given definite jobs through telephone calls twice a year.*
4. That our local Medical Journal have a plea (boxed) at least once in three months.
5. A resolution be sent to the headquarters to the effect that regional meetings be held, as going to Chicago in January works a hardship on any chairman each year.

* Tabulation:

1. Hawaii	$6,691.50	6. Idaho	$4,801.00
2. New Mexico	6,225.00	7. South Carolina	4,579.25
3. Maine	6,021.00	8. Wyoming	3,434.00
4. Montana	5,793.00	9. Puerto Rico	2,175.00
5. Oklahoma	4,863.50	10. Alaska	989.50

Note: It is interesting to note Minnesota exceeded us by only $500.00 and Arkansas by only $200.00.

REPORT OF THE BOARD OF MANAGEMENT MABEL L. SMYTH MEMORIAL BUILDING

V. C. Waite, M.D., Chairman

Members of the Board for the past year consisted of: Dr. R. C. Durant, Dr. L. G. Phillips, and Dr. V. C. Waite, representing the Hawaii Medical Association. Representing the Territorial Nurses Association were: Mrs. Elaine P. Johnson and Mrs. Lois D. Bell. Mr. A. L. Y. Ward continued as the representative from Queen's Hospital.

Four regular meetings and two special meetings were held during the year. During this period several major innovations were introduced for the stabilization of the building's financial status. In addition, the routine problems of maintenance were handled.

In January of 1955 the Nurses Association donated one thousand dollars, which was part of the agreement when the Mabel Smyth Building took over the Nurses' and Physicians' Exchange. The Nurses' Registry with the Nurses' and Physicians' Exchange have proved to be a good investment for the building and have produced additional income adequate to meet cost of operation and will provide funds to be set aside for depreciation. Until this year it has not been possible to re-establish a depreciation fund due to inadequate income. However, it now appears that building equipment replacements which constitute major expenditures can be adequately cared for in the future.

A rental fee of one hundred dollars per month is now being received for space occupied by the Medical Library. Although auditorium rental incomes have diminished, the above newer enterprises have brought funds which make it possible to maintain the operation of the building on a sound basis.

A major problem confronting the Board this past year was that of attempting to find more space for occupants of the building. The Bureau of Medical Economics, Division of the Honolulu County Medical Society, has expanded rapidly and additional space in the building has been needed. Likewise the needs of the Territorial Association have increased at least temporarily as the result of the forthcoming Centennial meeting. The acute shortage of space was solved by permitting the Honolulu County Society to use the Stella Lowrey Room on a temporary basis. This permitted some increase in space available to the Territorial Association. In addition, the small room backstage has been made available as a small committee room when needed. It is the Board's understanding that the Medical Library will be in need of larger space in the very near future, which may necessitate their moving from the Mabel Smyth Building. In such an event, it is our feeling that ample space will be available for present occupants for many years to come.

* See page 579 for action taken at Annual Meeting in regard to this recommendation.

REPORT OF THE DIABETES DETECTION COMMITTEE

Teru Togasaki, M.D., Chairman

Sixth Annual Diabetes Detection Drive

Heretofore the McInerny Foundation has supplied the funds. 1955 was the year two families made a total contribution of $235.00 to the medical society in memory of deceased diabetics. This sum was sufficient for the diabetes drive.

In November each member of the Honolulu County Medical Society was sent a Dreypak, and a request for follow-up on positive cases. These were included with the regular news bulletin.

The various hospital staff meetings took diabetes as their subject that month. Kapiolani had obstetrics and diabetes, Kuakini had amputation in diabetics, and St. Francis had acidosis and coma in diabetes. The meetings were well conducted and well attended, so there was considerable interest engendered.

There were two window displays during diabetes detection week. Home Insurance had an excellent display, courtesy of Stewart's Pharmacy, and Hotel Import lent their window to diabetic products with the aid of posters.

The newspaper publicity was handled by Dr. Horio, and the radio by Dr. Saunders. To our meetings had been invited the newspaper reporters and the Star-Bulletin and Hawaii Times sent their representatives. The newspaper coverage was excellent, there being something in one or the other paper almost daily that week. Even the financial column came through with a short dissertation on diabetes. After the drive ended one insurance company put out an advertisement inviting diabetics to take out insurance provided they were under the supervision of a doctor and were following a prescribed diet.

The Dreypaks were collected through McKesson salesmen and were tested at the Kapahulu Health Center with the able help of Miss Harriet Kuwamoto and technical advice and knowledge from Dr. Max Levine, head of Laboratories for the Health Department.

The results are not startling—a net result of 4 new diabetic patients, but it has educated the public and doctors to the problem of diabetes.

For 1956 these are suggestions that may be helpful

Dreypaks	10,000	distributed
	1,039	returned
Returned	850	negative
	189	positive
Diabetics	11	old or known diabetics
	4	new diabetics

in a better drive. The make-up of the committee should cover a wider range in the community.

1. One member from the Hawaii Retail Druggists' Association—President, Vincent Wong.
2. One member from the Industrial Nurses' Association (13 members)—President, Mrs. Clara McCue, Hawaiian Pine.
3. One laboratory man, head of laboratories—Dr. Max Levine, Board of Health.
4. One member of the Woman's Auxiliary.
5. Other members of committees particularly women who will help out in publicity in contacting newspapers and radios.
6. The distribution should be changed. The Woman's Auxiliary should have charge of the distribution and collection of the Dreypaks.

REPORT OF THE CANCER COMMITTEE

I. L. Tilden, M.D., Chairman

The Cancer Committee held two meetings during the year and has worked closely with the Hawaii Cancer Society and the Bureau of Cancer Control of the Territorial Health Department.

The Cancer Society and the Health Department frequently get requests from persons who do not have a regular physician for names of doctors who will give cancer detection examinations. The committee therefore recommends that a list of doctors be set up by the Medical Association who desire to participate in this type of work. It is proposed that this list be established by mailing the following card to all members of the Association:

( ) I desire referrals for cancer detection examinations. You may place my name on a referral list.

( ) I do not desire referrals for cancer detection examinations.

Name.....

It is recommended that this list be made available by the Medical Association to the agencies listed above as well as to other persons who may call the Medical Society, and that the names be selected in rotation.*

In order to aid physicians in cancer detection a pamphlet prepared by the American Cancer Society will soon be sent to all doctors. In order to give additional aid in cancer detection, the committee recommends approval of a form prepared by the Cancer Committee of the Missouri State Medical Association which will be given to interested people by the Cancer Society and Health Department at public meetings. This form is on a single sheet of paper of regular typewriter size. One side relative to history will be filled in by the patient before coming to his doctor; the other side will be filled out by the physician and becomes a part of his office record. Use of the form by the doctor will, of course, be optional.*

It is the belief of the committee that the completeness of the cancer detection examination and the fees charged should be arranged by the physician and the patient who requests the service.

The committee also approved a follow-up study on gastric cancer by Dr. Grover Batten and this project received the stamp of approval of the Board of Governors of the Honolulu County Medical Society on May 31, 1955.

REPORT OF THE HAWAII MEDICAL JOURNAL

Harry L. Arnold, Jr., M.D., Editor

The JOURNAL is still growing, and we think it is improving. In the past year a new feature has been added: a Woman's Auxiliary page. And one old one has been revived: Perhaps It's Your Nerves. Advertisements have increased from 42 to 47 pages, not counting inserts. The average page allotment for the past three years follows:

	1953-54	1954-55	1955-56
Original articles	15	15	16
Features	21	25	25
Nurses' Bulletin	8	8	8
Advertisements	38	42	47
Total pages	82	90	96

The financial picture, as might be expected from 5 more pages of advertisements and one more of text, is bright: here it is for the past three years:

INCOME	1953-54	1954-55	1955-56
Gross advertising receipts	$13,600	$15,015	$16,488
Subscriptions and sales	2,600	2,527	2,526
Total Income	$16,200	$17,542	$19,014
EXPENSES			
Commissions and discounts	$ 2,300	$ 2,479	$ 2,737
Printing and postage	11,300	12,426	13,657
Total Expense	$13,600	$14,905	$16,394
Net profit for the year	$ 2,600	$ 2,637	$ 2,620

We have been informed by our printers, the Star-Bulletin, that they have been losing money on our job and will be compelled to raise our printing rates, so the financial picture is likely to look less rosy next year. The costly Centennial Issue, just off the press and not included in this report, will also cut into our profits.

Even if we don't make as much money next year—and if we don't, it won't be because we aren't trying!—we think the JOURNAL will be worth continuing. At the third biennial national conference of editors and managers of state medical journals, in Chicago last November, all 37 participating journals were rated on typography and style by a guest expert. We placed among the top twelve. One of the things we were rated down for was lack of a table of contents—an adequate one, that is, which our front-cover listings were not. We began that with the January-February issue this year, and it is being continued. Another criticism was our use of 6-point type for tables, although this is standard AMA publishing practice. We are enlarging this to make it more readable.

The planned Cumulative Index to Volumes 1 through 14 has been completed and appeared in our March-April issue, together with a roster of all members by counties and classes. The hard cover on this issue will not be continued, since it is more expensive than the "self" cover we usually use. It is recommended that one feature of this issue, however—the program of the annual meeting—be continued in future years.

We recommend the continued publication of the JOURNAL on the same basis as in previous years.

REPORT OF EMERGENCY MEDICAL SERVICE COMMITTEE

Robert B. Faus, M.D., Chairman

During the past year the following officers have reported for active duty:

1st Lt. Gerald A. Bruce
1st Lt. Francis H. Fukunaga
Capt. James G. Harrison
Lt. Raymond Hiroshige
Capt. Joseph Iwano
Capt. Gail Li
1st Lt. Frank Masao Matsumoto
1st Lt. Allen Kim Wo Mau
1st Lt. James E. Mitchell

Released from active duty and returning to civilian life were the following doctors:

Dr. Richard K. C. Chang
Dr. Wallace E. Chin
Dr. Casimir A. Domzalski, Jr.
Dr. Edward T. Emura
Dr. Sheldon Cholst
Dr. Richard Noda
Dr. Harry K. Takenaka
Dr. Tokuso Taniguchi
Dr. Jack S. Woodruff

* A copy of this form and the covering letter sent to physicians of Missouri are on file in the Medical Association office.

* See page 579 for action taken on this recommendation.

Applicants for deferment have been advised that they should volunteer their services and receive a reserve commission. They may then apply for recognized residency assignments through the National Defense Headquarters in Washington, Medical Section.

The Emergency Medical Service Committee met prior to "EVERSHARP 11" Civil Defense Exercise, October 21 and 22. At that time the lists of doctors assigned to the various hospitals were reviewed and made current. The remaining physicians were provided with assignments by the City and County physicians for first aid station work. Many of the older men with executive experiences remained available for administrative duties assigned by the Territorial Board of Health.

The participation of Oahu's public school children in "EVERSHARP 12" Civil Defense Exercise conducted on Friday, March 9 was considered very successful.

The director of Civil Defense, Major General F. W. Makinney, has applied for, but has not yet received, one mobile emergency surgical hospital unit of 250 bed capacity which will be housed at Leahi Hospital.

The doctors' vulnerability for service remains the same. According to Selective Service Director Lewis B. Hershey, "some 4,500 young doctors subject to military call are due to complete internships in July. Estimating that 500 will be physically unqualified and 500 will receive Defense Department deferment for residency training, that leaves 3,500 potentially available for draft callup. But armed forces will need 4,600 replacements in fiscal year beginning July 1 (exclusive of USPHS needs). That leaves a deficit of 1,100 to be plucked from remnants of Priorities I and II and the large pool of Priority III's (non-veterans)."

REPORT OF THE HEALTH EDUCATION COMMITTEE

Herbert Y. H. Chinn, Acting Chairman

The activities of the Health Education Committee of the Hawaii Medical Association have been devoted entirely to one-half hour monthly programs on KONA-TV during the past year. A list of programs and participants are as follows:

May 5, 1955—Baby's 1st Year of Life	Dr. Richard E. Ando Dr. G. M. Halpern Dr. John H. Peyton
June 27, 1955—Advances in Anesthesia	Dr. Carl E. Johnsen Dr. Clifford K. W. Chock Dr. Stanley Karansky Dr. Lester Yee
August 1, 1955—What To Do Till the Doctor Comes	Dr. Roy T. Tanoue Dr. Marion L. Hanlon Dr. William S. Ito Dr. A. L. Vasconcellos
August 31, 1955—Cancer	Dr. Thomas F. Fujiwara Dr. Walter B. Quisenberry Dr. Frank C. Spencer Dr. Samuel L. Yee
September 28, 1955—Eyes Right	Dr. Clarence W. Trexler Dr. Wilfred T. Minatoya Dr. Robert H. Lee Dr. Perry T. Sumida
October 26, 1955—Is Fluoridation Safe?	Dr. F. D. Nance Dr. David L. Pang J. Roy Doty, Ph.D., ADS Arthur Chun-Hoon, D.D.S.
November 22, 1955—Ear, Nose and Throat	Dr. L. Q. Pang Dr. John P. Frazer Dr. Harold T. Kimata Dr. Daniel Whang
December 20, 1955—Independence Regained	Dr. Angie Connor Dr. Ivar J. Larsen Dr. Toru Nishigaya Dr. R. Frederick Shepard
January 17, 1956—Heart Attack	Dr. A. S. Hartwell Dr. Shigeru R. Horio Dr. Thomas S. Min Dr. H. Q. Pang
February 7, 1956—Nervous Breakdown	Dr. Robert A. Kimmich Dr. Pershing S. Lo Dr. Walter M. Ozawa Dr. William H. Stevens
March 13, 1956—Change of Life	Dr. Dorothy S. Natsui Dr. Charlotte Florine Dr. Robert C. H. Chung Dr. K. S. Tom

The programs were scheduled on public service time and because of this there were several changes in the regular time originally scheduled by the station.

The committee greatly appreciates the help of Mr. Clarence Chun of KONA-TV who donated a great amount of his personal time to fit in with the rehearsals by the participants on the various programs.

From the experience of the past year, the committee felt that the annual budget of $800 would be the minimum amount necessary to present health information programs on TV. Of this amount, $650 would be spent for display ads in the newspaper and $150 would be a contingency fund to pay for film rentals when necessary, posters when the volunteer artist is on vacation, etc. The committee felt that due to the lack of publicity the programs did not reach a larger audience.

Because of the time involved in the preparation of a program, the committee recommends that the membership be increased to 10 and that the committee divide into two to take care of alternate programs. Dr. Katherine Edgar has been on leave of absence since September 1955 and is due to return this spring and it is highly recommended by the entire committee that she be reappointed as chairman.

The work of the committee was lightened through the help of the Woman's Auxiliary who transported props to and from the station, by the charts and pictures prepared by Tom Fujise of the Health Education Department of the Board of Health, and by our consultant, Miss Paty, who has donated unselfishly her time and effort with no remuneration.

REPORT OF THE LEGISLATIVE COMMITTEE

Theodore Tomita, M.D., Chairman

The Legislative Committee is composed of the following members: Drs. Richard Lee, G. C. Freeman, Y. Fukushima, Duke Cho Choy, B. Allen Richardson and John M. Felix. Their support during the session was most valuable and at this time I would like to extend my appreciation for their kokua.

All bills introduced during the session pertaining to the practice of medicine were gathered and sorted by Mr. Kennedy. These bills were reviewed by this Committee and whenever a bill was too controversial for this Committee, the bill was referred to the Honolulu County Board of Governors and/or to the general membership for its disposition.

All of you are acquainted with the bills that have passed during the last session. Nevertheless, I shall point out some of the highlights:

1. HB 151 was a bill giving an injured worker the right to choose his own physician. This was a very controversial bill because the insurance carriers, the Employers' Council, the sugar companies and even the ILWU opposed parts of the bill. Naturally, the insurance carriers, the Employers' Council and sugar companies were opposed on the grounds that the cost of medical care will be greatly increased and that the present voluntary system which was in effect from August, 1954, was working very well. This Committee was in accord with the bill as far as the principle of free choice of physician was concerned. However, there was a section in the bill which gave the employer and employee after collective bargaining, the right to hire their own physician which this Committee felt was contradictory to the very essence of free choice of physician. Nevertheless, this bill with only one dissenting vote, passed the Labor Committee. After several telephone calls to a few Representatives, this section of the bill was deleted from the bill after a bitter wrangling between Mr. Henriques, Chairman of the Labor Committee and the young Demo-

crats. The Senate concurred in this bill after a minor change and the Governor signed it into a law.

2. Fluoridation was another controversial bill as far as the last Legislature was concerned. We in the Legislative Committee were in favor of this bill. This bill was also being held in the Public Health Committee by the pressure of Mr. Henriques although it was not in his committee. A night was spent at Oasis Cafe with some ILWU committee members to convince them of the merits of the bill and the next day the bill passed the Committee without difficulty. Once the bill was sent to the Senate, Senator Duarte started his filibuster, but by a clever parliamentary maneuver, this filibuster was broken and passed the Senate. However, when this bill went to the Governor, the Governor vetoed it in spite of the fact that the delegation composed of Drs. Durant, Larsen, Nance, Ando and myself pleaded with him.

3. HB 716 was a bill which would have excluded all physicians as expert witnesses when testifying as to the sanity or insanity of an individual in the courts except qualified psychiatrists who are Board members. This Committee was opposed to any special legislation for one group of specialists and therefore, this bill was referred to the Honolulu Board of Governors for their opinion and advice. The Board of Governors concurred with our opinion and this bill died in the committee from which it originated.

4. SB 493 was a bill introduced by Senator Duarte of Maui where 2% taxes were to be collected to furnish free medical services to all people of the Territory. Dr. Faus attended several of the Committee's hearings, representing this Committee, and the bill died in the committee from which it originated.

The Legislative Committee introduced many bills pertaining to the Board of Health such as a new building, x-ray units, etc. Funds for Rehabilitation Center and rheumatic fever were not obtainable at the last Legislature because of the tight budget which the Legislators have set up.

Recommendations: I believe the doctors as a group are politically vulnerable because we are not well organized politically and because we are numerically of a minority. I believe that if we could acquire a full-time lobbyist, preferably a medico-legal man, we might be able to do a better job than most busy practitioners. If a full-time lobbyist is not available, then sufficient funds should be allocated to the Legislative Committee during the session for purposes of entertaining the Legislators.*

In closing, may I thank the Society for having given us their confidence and support during the year. Also, I wish to thank my Committee members and Mr. Kennedy for the support given to me.

REPORT OF THE POSTGRADUATE COMMITTEE

Richard D. Moore, M.D., Chairman

During the past year the Hawaii Medical Association in conjunction with the Hawaii Cancer Society and the Blood Bank of Hawaii presented the second annual Grover A. Batten Memorial Lectures November 14 to 18. This series of lectures was given by Dr. William Dameshek of Boston and was very well attended.

Because of the elaborate preparation being made for the Centennial April 22 to 29, it was decided to postpone the postgraduate lectures given by the Honolulu County Medical Society until a later date. They will be presented by Dr. Michael De Bakey between May 22 and June 6.

REPORT OF THE PUBLIC SERVICE COMMITTEE

Ellsworth B. Harris, M.D., Chairman

This committee has held only five meetings this past year. The first meeting was held under the chairmanship of Dr. Tell Nelson who was forced to resign early in the year for reasons of health. I was then appointed chairman by Dr. Fronk.

The one Territorial project for this year was the press-radio-TV dinner which was held on December 5, 1955. The committee is attempting to establish a code of cooperation between the press, radio, TV and the medical profession. The dinner was held at the Queen's Surf and approximately 45 persons attended, representing the press, radio, TV, hospitals and the medical profession.

The committee made six specific recommendations in its annual report to the Honolulu County Medical Society and all but two were on a county level. One of the two was, "to make a complete study of HMSA in order to learn wherein lie the misunderstandings and misimpressions and at the completion of such study shall make any necessary recommendations that will protect and promote the interest of the public and the doctor, and also direct the accomplishment of such recommendations within the profession." However, since the time of that recommendation, the Honolulu County Medical Society has appointed a special committee to cover the field of that recommendation and therefore the committee has decided that no further action is necessary at this time. The second recommendation was, "to continue efforts towards establishing a code of cooperation between the press, radio, TV and the medical profession," and the committee expects to take some definite action on this problem in the coming months.

The only other recommendation of this committee is that some funds should be allotted to the committee each year so that they may carry out any Territorial Public Service projects; such as, the annual Press-Radio-TV dinner, etc.

NO REPORT

The following committees have held no meetings during the year, nor have they been called upon for advice:

HEART ADVISORY COMMITTEE
RADIUM ADVISORY COMMITTEE

REPORT OF NOMINATING COMMITTEE

Robert Wong, M.D., Chairman

The Nominating Committee met on Monday, February 13, 1956 and on Monday, February 20, 1956 and as a result the committee members agreed on the following slate:

President-Elect: Dr. Louis Gaspar
Secretary: Dr. Satoru Nishijima
Councilor for Honolulu: Dr. Homer Benson (to succeed himself); Dr. Howard Liljestrand (to succeed Dr. Gaspar who will resign to run for president-elect
Councilor for Hawaii: Dr. Theodore Oto

The doctors listed above are considered well qualified with considerable experience in medical society affairs. The committee was assured that each of the above listed doctors would devote a great deal of time and effort toward working for the interest and welfare of the Hawaii Medical Association.

REPORT OF THE WOMAN'S AUXILIARY TO THE HAWAII MEDICAL ASSOCIATION

Mrs. William J. Holmes, President

The Centennial Celebration of the Hawaii Medical Association also marks the close of eight years of progress that the Auxiliary has made since its inception.

There are at present three component auxiliaries—Honolulu County, Maui County and Hawaii County—with a total membership to date of 120 in addition to 6 members at large from Kauai.

* See page 579 for action taken on this recommendation.

Maui County Auxiliary has undertaken some new projects during the past year as well as continuing to assist with all social functions. The Plantation Physicians Annual Meeting was held in Maui at which time all of the members helped in planning an interesting and successful program. Maui County now has a *Today's Health* chairman. They have contributed funds numerous times towards furnishing the nurses' cottage. Many of the Auxiliary members assist in transporting crippled children for treatment, assist with the hearing tests in the schools, do volunteer work with the Rehabilitation Center and Crippled Children's Society. The Auxiliary has contributed to the American Medical Education Foundation. They continue to be a very enthusiastic and energetic group. In order to keep in better touch with their Territorial officers and national projects and programs, they have decided to send their president each year to the House of Delegates meeting.

Hawaii County Auxiliary this year is sponsoring the "Easter Parade" in conjunction with the Easter Seal Drive for the National Society for Crippled Children. Many of the members also assist in the fund raising drives for the American Red Cross, Tuberculosis Association and the National Society for Crippled Children. Several of the Auxiliary members also give some of their time and assistance to the Blood Bank. As a group project each member is responsible for the flower arrangements at the Hilo Memorial Hospital. The Hawaii County Auxiliary also made a contribution to the American Medical Education Foundation.

The members of the Honolulu County Auxiliary have undertaken many new and varied projects during the year. A Library Committee was formed to make a 14 year cumulative index of the HAWAII MEDICAL JOURNAL. At the request of the doctors many of the members assisted in the Diabetes Detection Drive. Members assisted in the schools with the Polio Drive and helped with the Christmas seals for the Tuberculosis Association.

In addition to the above community health programs the Honolulu Auxiliary also had several successful projects of their own that they worked on during the year. A lovely piano was purchased and donated to the Mabel Smyth Building for the use of all doctors and their families and the nurses. Most of the funds for the piano were raised during the year by various social functions that the members planned. As hosts for the Centennial Celebration the cooperation and help of all of the members have contributed towards a very full, varied and exciting program for an entire week.

For the first time the counties have also taken up "Mental Health" which is a project the National Auxiliary and the AMA have sponsored and encouraged. The Medical Advisory Board had requested that the Auxiliaries assist, if possible, in this program. Both Honolulu County and Maui have asked for information and brochures for programs and movies for themselves and for eventual public use.

The Auxiliary to the Hawaii Medical Association is also assisting with the Territorial TV programs that are produced once a month by the doctors.

Each year finds the three county auxiliaries participating more and more in community projects. Each of the counties has been very helpful in doing research and obtaining material for the book "In Memoriam—Doctors of Hawaii." A copy of this book will be presented to each county at the Centennial Meeting.

It is particularly gratifying to see the wonderful spirit of friendliness and cooperation that the Auxiliary has fostered. Composed of members of all races and backgrounds, coming from a wide geographical area, it would not be possible to assemble these people in a common bond of work and play without such a group as our Auxiliary and I feel that its growth is only just beginning.

Recommendation: The Woman's Auxiliary is organized to assist the Medical Society in any way that they can. We have always helped in planning social affairs, but I feel that many of the doctors do not know that we are also willing and able to assist in other fields where the doctors might want assistance.

Upon the request of the Executive Board or Advisory Committee, the members of the Territorial Auxiliary as well as the Counties will cooperate in carrying out recommended projects.

ADVISORY COMMITTEES

REPORT OF ADVISORY COMMITTEE TO BUREAU OF CRIPPLED CHILDREN

Ivar J. Larsen, M.D., Chairman

1. The committee feels that the conservation of hearing program—audiometric testing followed by otologic clinics, should be continued at the present level. The committee recommends that the program be evaluated in terms of children whose hearing was improved, and that a report of this evaluation be presented at the 1957 meeting of the Advisory Committee.

2. The program for children with cerebral palsy was started in 1948. Services are given to approximately 173 children in the territory in any one year. This program which has been entirely supported by Federal Funds, will end on June 30, 1957. The committee feels that an appropriation to continue services to cerebral palsied children should be sought from the next Territorial legislature.

REPORT OF THE ADVISORY COMMITTEE TO THE BUREAU OF MATERNAL & CHILD HEALTH

Wm. M. Walsh, M.D., Chairman

During the year 1955 regular meetings of the Committee were held both on Oahu and the neighboring islands.

The Chairman of the Committee felt it advisable to divide the Committee as a whole into two sub-committees—one to study maternal deaths alone; the other to study and report on hebdomada deaths of infants. Dr. Fugate Carty was appointed chairman for the maternal deaths committee and Dr. W. T. Chock was appointed chairman for the infant study committee.

The infant study committee, being entirely new, had to map plans and study methods. It makes me very happy to report, therefore, that a great deal of progress was made in this respect and during the next several years some very specific and accurate efforts in reducing infant mortality will be reflected in the over-all statistics.

The maternal sub-committee reviewed 15 deaths—3 non-maternal (polio and cardiac) and 12 maternal. In general it might be said that most of the deaths were considered preventable.

My only recommendation is that the Committee continue to function as a Committee of the whole, composed of two sub-committees and I wish to take this opportunity to thank all of those who have participated in the Committee's work this year and a special vote of thanks to Miss Leona Rubbelke of the Board of Health who has so ably assisted in most of the details of this Committee's work.

REPORT OF THE ADVISORY COMMITTEE TO THE BUREAU OF TUBERCULOSIS

Fred I. Gilbert, Jr., M.D., Chairman

This committee met on June 20, 1955, to consider the advisability of applying the turberculin test to some 24,000 school children in areas of high incidence tuberculosis in Honolulu. The committee unanimously agreed to recommend that such a tuberculin testing program be carried out, and this recommendation was presented to the Board of Governors of the Honolulu County Medical Society where it was acted upon favorably.

This program is now well under way and has already demonstrated itself to be an effective means of case finding here in Honolulu.

REPORT OF THE ADVISORY COMMITTEE TO THE BUREAU OF VENEREAL DISEASES

Edmund Ing, M.D., Chairman

The Hawaii Medical Association Advisory Committee to the Bureau of Venereal Diseases discussed the problem of out-patient clinic patients with a weekly reactive or reactive serological test for syphilis who are referred to the Health Department clinic for diagnosis. Since many of these patients are under medical care at the out-patient clinic for neurologic, cardiac and other medical conditions, the committee concluded that it would be desirable to have the medical staff of the out-patient clinics determine whether the individual with the reactive serological test for syphilis is suffering from syphilis or not. This would be valuable from the educational standpoint for the residents and interns. The general services of the clinics would also be available to help make the diagnosis. This procedure would save time and money for the patient and expedite the diagnosis, as the patient, in most instances, is an attendant at the out-patient clinic.

Letters were accordingly sent to medical directors at Queen's, St. Francis, Kuakini, Children's, Kapiolani and Leahi Hospitals.

After a discussion, the Advisory Committee sent a letter to the members of the Hawaii Medical Association calling their attention to the availability of the TPI test for syphilis through the University of California. As the TPI test is based on a different diagnostic principle from complement-fixation and flocculation tests which depend on reagin and as the test is apparently quite specific for detecting the treponematoses, it was believed that many physicians would like to avail themselves of this test.

REPORT OF ADVISORY COMMITTEE ON CHRONIC ILLNESS

William O. French, M.D.,† Chairman

This report was prepared by committee members Allison, Beck, Katsuki and Mills in Dr. French's absence.

The committee held 3 meetings during the year. Subcommittees appointed to cover various phases of chronic illness made the following recommendations:

Home Care: Need to determine number of patients treated in homes and for what illness. More money is needed to help expand the home nursing program to train nurses, etc.

Rehabilitation: The County Medical Societies should develop program material to enhance the rehabilitation programs. The doctors themselves must favor a strong rehabilitation program before public education can be planned.

Hospitals and Institutions: The National Committee's definition of chronic illness should be adopted.* It was suggested the committee might begin with one aspect of chronic illness, such as home nursing or rehabilitation, before expanding to other areas. Information should be obtained from the Chamber of Commerce Hospital Study Committee about hospital and institution facilities for the chronically ill.

Prevention and Diagnosis: Develop doctors' interest in the program, perhaps through a special committee. The Rehabilitation Center might prepare a procedure manual of available facilities.

Chronic Illness Survey: Before making any extensive survey, the committee requests that the House of Delegates review the situation to ascertain the present purpose and scope of the committee. It was originally set up as an advisory committee. After a considerable expenditure of time and effort, the committee recommended a governor's commission, which was turned down by the Delegates.

In view of the great amount of work done by the committee and the inability of this and preceding committees to implement the recommendations, we ask that the House of Delegates specifically delineate the purpose of the committee and the role it should play in the future.

† Dr. French died April 11, 1956.

* "Chronic disease may be considered to comprise all impairments or deviations from normal which have one or more of the following characteristics: (a) are permanent; (b) leave residual disability; (c) are caused by non-reversible pathological alterations; (d) require special training of the patient for rehabilitation; (e) may be expected to require a long period of supervision, observation and care."

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INTER-ISLAND NURSES' BULLETIN

Official Publication of the Nurses' Association, Territory of Hawaii

Mrs. Olive C. Pridgen, *Executive Secretary,* Honolulu

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PRESIDENT'S MESSAGE

The month of September brings our annual convention and with it the visit of an outstanding national nursing leader. Mrs. Judith Whitaker, Deputy Executive Secretary of the American Nurses' Association, will provide for our meetings a wealth of professional knowledge and sound organizational advice. However, the extent of help we receive from her will be determined in large measure by how adequately prepared we are for her visit and how well we utilize her services. A considerable portion of convention time will be allocated to section meetings. Arrangements are being made for Mrs. Whitaker to meet with the individual sections during the convention. It is hoped that she will find time also before or after the annual meeting of NATH to visit each district association. The American Nurses' Association is very generous in sending its Deputy Executive Secretary to Hawaii to help us. Mrs. Whitaker is very able and anxious to assist us. Let's make the most of a wonderful opportunity!

District associations are urged to review the minutes of the meetings of the last House of Delegates and to give serious consideration beforehand to the issues that were so controversial last September and which are bound to come up again this year. The budget of an organization is very important but we would do well to try to expedite the disposition of this aspect of association business so as to find time to give adequate consideration to other items of greater moment. Elsewhere in this Journal will be found the report of the committee that the 1955 House of Delegates requested be set up to study the issues involved in changing our present policy regarding automatic subscriptions to the Hawaii Medical Journal for all NATH members. There are definite advantages to an association's having its own newsletter or journal but there are likewise many disadvantages to relinquishing the present arrangement. An important consideration is the fact that the withdrawal of our support at this time would be a serious financial blow to the management of the Journal.

We must admit, in all honesty, that we have not taken advantage of the ten pages allowed in the Journal not only for news about nurses and their activities but also for articles of a scientific nature on advances in nursing. There are nurses in Hawaii who are able to make a worthwhile contribution to our nursing literature. They should be encouraged or, if need be, pleaded with to do so.

Sister Mary Albert, *President*
Nurses' Association, T. H.

ANNUAL MEETING



JUDITH GAGE WHITAKER, R.N., GUEST SPEAKER

INTRODUCING MRS. WHITAKER

Some time ago announcement was made to the various districts that Mrs. Judith Gage Whitaker, R.N., had accepted NATH's invitation to represent ANA at our 25th Annual Meeting, which is scheduled to convene on September 20, 1956, at the Mabel Smyth Building in Honolulu. The anticipated query, "Who is Mrs. Whitaker?" came from all sides.

Well, this is who she is!

She is at present the Deputy Executive Secretary of ANA and in that capacity her major interest is sponsoring and offering field service to the constituent organizations. The writer had the opportunity of seeing her in action at a meeting of Executive and/or Elected Secretaries in Michigan in 1955 and found her, as did all there, to be an extremely capable person with the answers to many questions. She's an alert, charming individual with a personality that "makes friends and influences people."

Born in Fremont, Nebraska, she attended Nebraska Methodist School of Nursing and received her B.S. and M.A. degrees from Teacher's College, Columbia University. Aside from her professional memberships, she is also a member of the Pi Lambda Theta and Kappa Delta Pi sororities.

Other data about Mrs. Whitaker that you might find interesting are:

Past Positions:

Public Health Staff Nurse, Omaha Visiting Nurse Service; Private Duty Nursing; Director, Student Nurse Recruitment for Nebraska; Executive Secretary and Registrar, District II, NSNA; Executive Secretary, Nebraska State Nurses' Association; Assistant Executive Secretary, ANA.

Past Professional Activities:

ANA Committee on Public Relations, ANA Committee to Study the ANA and its relationship to other organizations, ANA Committee on Carter Scholarship Fund, ANA Committee on Retirement Plans for the Membership of ANA.

Her present residence is New York City.

Her experience in the field of nursing has been versatile and she is well prepared to offer NATH and its districts the advice and assistance they need. Her present plans are to arrive in Honolulu about September 7, 1956, and make a visit to each district and some hospitals prior to the annual meeting. This will enable her to become familiar with the problems peculiar to Hawaii and will undoubtedly greatly facilitate the satisfactory and successful execution of NATH's convention program.

ISABEL M. MEDEIROS

Invitation from Sister Maureen, Administrator, St. Francis Hospital

The Sisters of St. Francis Hospital cordially invite the members of the Nurses' Association, Territory of Hawaii, to an evening Mass at the Hospital Chapel during the Nurses' Convention.

The Mass will be celebrated on Thursday evening, September 20, probably at 5:30 p.m. Following the Mass, a buffet lunch will be available at cost to those present. We will then hold a forum on ethical problems in the care of the sick. This invitation is opened to all nurses. May we request that we be informed in advance by 11:00 a.m., September 20, about the number who plan to attend.

SILVER ANNIVERSARY

25th Annual Meeting of NATH and
4th Annual Meeting of Hawaii League for Nursing

Theme: *Nursing Keeps Pace with the Changing World.*
Dates: September 20 (Thursday), 21 (Friday), 22 (Saturday), 23 (Sunday), 1956 (Field Visits).

Wednesday, September 19, 1956

1:00 - 5:00 p.m.
NATH Board of Directors' meeting

Thursday, September 20, 1956

8:00 - 9:00 a.m.
Registration, sign up for field trips
Coffee
Economic Security Committee meeting with Mrs. Whitaker
Singing by St. Francis student nurses
9:00 - 9:22 a.m.
Presentation of colors and Florence Nightingale pledge
9:22 - 10:30 a.m.
HOUSE OF DELEGATES
Presiding: Sister Mary Albert, President, NATH
Invocation by The Most Rev. John J. Scanlan, Auxiliary Bishop of Honolulu
Singing by St. Francis student nurses (7 minutes)
Official greeting President NADO
Roll call
Appointment of tellers
President's address: Sister Mary Albert
Report of committee chairmen, officers and special representatives
10:30 - 10:45 a.m.
Recess—coffee (Carnation representative, Mr. Slipper)
10:45 - 12:00 noon
HOUSE OF DELEGATES Continued
12:00 - 1:00 p.m.
Poi luncheon, Queen's Alumnae
Free for the promised shopping time
1:30 - 2:15 p.m.
INSA meeting with Mrs. Whitaker
2:15 - 3:00 p.m.
EACT meeting with Mrs. Whitaker

Friday, September 21, 1956

8:00 - 8:30 a.m.
Registration, sign up for field trips.
8:30 - 8:45 a.m.
Singing by University of Hawaii student nurses.
8:45 - 9:00 a.m.
25 Years of Nursing in Hawaii (Characterization of important events)
9:00 - 10:00 a.m.
Principal speaker—Mrs. Judith Whitaker, Deputy Executive Secretary, ANA — on Developments and problems of nursing (National, international and applied to local level)

10:00 - 10:30 a.m.
Coffee break
10:30 - 11:15 a.m.
PHN meeting with Mrs. Whitaker
11:15 - 12:00 noon
General Duty meeting with Mrs. Whitaker
12:00 - 1:00 p.m.
Luncheon at Mabel Smyth
Entertainment Japanese dancing
1:00 - 3:00 p.m.
Disaster Nursing—Sister M. Laurine
3:00 - 3:15 p.m.
Coffee break
3:15 - 4:15 p.m.
Group Dynamics session on accomplishments, problems, plans of NATH. Mrs. Medeiros, chairman
Evening
8:00 p.m.
League for Nursing (annual meeting and program on nursing)

Saturday, September 22, 1956

8:00 - 8:45 a.m.
Special Groups—Private Duty meeting with Mrs. Whitaker
8:45 - 9:30 a.m.
Industrial meeting with Mrs. Whitaker
9:30 - 9:45 a.m.
Recess, coffee
Balloting, registration, field trips
9:45 - 10:00 a.m.
Entertainment—Queen's student nurses
10:00 - 12:00 noon
HOUSE OF DELEGATES
12:00 - 1:00 p.m.
Japanese Luncheon at Mabel Smyth, St. Francis Alumnae
Entertainment, Japanese dancing
1:00 - 1:15 p.m.
Singing—Leahi Hospital practical nurses (Hawaiian)
1:15 - 3:00 p.m.
HOUSE OF DELEGATES Continued
Presiding: Sister Mary Albert
Business meeting
Introduction of new officers
7:00 p.m.
Banquet—Reef Hotel
Program NADO

Sunday, September 23, 1956

8:30 a.m.
Field trips—Bishop Museum, Art Gallery, Territorial Hospital, others

MAUI NURSE OF THE MONTH

Mary Searson, better known to all Mauians as "Molly Martin," was born in Lincolnshire, England. She attended English schools as a child and was then sent to Germany to live for awhile and to learn the language of that country. The sojourn in Germany was an "interlude to grow up" before entering nursing school. Molly graduated from the Lincolnshire County Hospital and went to Calgary, Canada, where she took maternity nursing in the Scottish Nursing Home.

With the inner drive to see the world and to know its peoples observed in her as a child, Molly realized some of her dreams as a young graduate nurse. Her career was colorful and varied. From Kamloops, British Columbia, where she was a night supervisor in Tranquille Sanatorium, she went to the windswept prairies of the United States to help pioneer in the public health nursing field. She worked as a staff nurse at Huntington Memorial Hospital in Pasadena, California, where she met Lily Fogg, who was to be a lifelong friend. Together they went to Providence Hospital in Seattle, Washington, to work. Hawaii called and they journeyed to Honolulu where they both did private duty nursing at Queen's Hospital. Later, they did private duty nursing at Hilo Memorial Hospital on Hawaii.



MARY SEARSON, R.N.

In the memorable year of 1923, Molly and Lily came to Maui where they made their homes. Molly was employed by Maui Agriculture Company and for two years she worked with Miss Marian McMillan who was in charge. Later, she succeeded Mrs. Foster Robinson as nurse in charge of the Keahua Dispensary connected with the old Paia Hospital.

Lily Fogg married Pat Robertson and Mary Searson married James Martin, both timekeepers at Maui Agriculture Company. As the years rolled on the Robertsons had twin girls and the Martins had a son named Donald. Donald, now married, resides in Brooklyn, New York, where he is the Secretary for the Y.M.C.A. The Robertsons have lived in Santa Rosa, California, since Pat's retirement. James Martin died in February of 1946.

After twenty years of untiring service, Molly retired in 1947 and now resides in Paia. She recalls what an interesting time she had in her "camp nursing" days and her blue eyes twinkle when she tells of her varied experiences. She liked the mothers and the babies best. She lost count of the many babies she delivered when there was no doctor available.

Nine years have passed since Molly Martin retired from active nursing but she is still a member of the Maui District Nurses' Association which she joined as a charter member in 1935. No fund raising project or big event staged by Maui nurses ever finds Molly missing. She attends meetings regularly. Molly can answer all the questions regarding "Why a Nurses' Association?" She knows

and appreciates its great professional and personal value.

Along with other community work, Molly has time for her hobbies of wood carving and gardening. No sissy, she likes to paint the house inside and out and to do cement work!

We salute Molly Martin, Nurse of the Month, whose tremendous capacity to accept and live life fully is an example to us all.

ELIZABETH McCALL

ONE NURSE'S PHILOSOPHY

There are two days of the week upon which and about which I never worry—two carefree days kept sacredly free from fear and apprehension.

One of these days is YESTERDAY. Yesterday with all its care and frets, with all its aches and pains, all its faults, all its mistakes and blunders, has passed forever beyond the reach of my recall. I cannot undo an act that I wrought; I cannot unsay a word that I said yesterday. All that it holds of my life—of wrongs, regrets, and sorrow is in the hands of the Mighty Love that can bring honey out of the rock—and sweet waters out of the bitterest desert—the love that can make the wrong things right, that can turn weeping into laughter, that can give beauty for ashes, the garment of praise for the spirit of heaviness, the joy of the morning for the woe of the night.

Save for the beautiful memories, sweet and tender, that linger like the perfume of roses in the heart of the day that is gone, I have nothing to do with YESTERDAY. IT WAS MINE; IT IS GOD'S.

And the other day I do not worry about is TOMORROW. Tomorrow with all its possible adversities, its burdens, its perils, its large promise and poor performance, its failures and mistakes, is as far beyond the reach of my mastery as its dead sister Yesterday. It is a day of God's. Its sun will rise in roseate splendor, or behind a mask of weeping clouds. But it will rise. Until then, the same love and patience that hold Yesterday and hold Tomorrow shine with tender promise into the heart of today. I have no possession in that unborn day of grace. All else is in the safekeeping of that Infinite Love that holds for me the treasure of Yesterday. The Love that is higher than the stars, wider than the skies, deeper than the sea. TOMORROW—IT IS GOD'S DAY. IT WILL BE MINE. There is left for myself then, but one day of the week—TODAY. Any man can fight the battles of today. Any woman carry the burdens of just one day. Any man can resist the temptations of today. Oh friend, it is only when to the burdens and cares of today, carefully measured out to us by the Infinite Wisdom and Might that gives with them the promise, "As the day, so shall thy strength be," we wilfully add the burdens of those two awful eternities, YESTERDAY and TOMORROW—such burdens as only the Mighty God can withstand that we break down. It isn't the experience of Today that drives men mad. It is the remorse for something that happened Yesterday, the dread of what Tomorrow may disclose. These are God's days. Leave them with Him.

Therefore, I think and I do, and I journey but one day at a time. That is the easy day. That is the man's day. TODAY.

COMMITTEE REPORT OF NATH'S PUBLICATIONS—PRESENT AND FUTURE

At the request of the delegates to the last convention, Sister Mary Albert appointed the following members to the Committee to Study the Mechanical and Ethical Problems of Discontinuing the Inter-Island Nurses' Bulletin: Miss Georgia Mix, Editor of Inter-Island Nurses' Bulletin, Mrs. Nora Shiroma, Editor of Newsletter, and Mrs. Olive C. Pridgen, Executive Secretary, NATH.

This committee has met and has studied from many perspectives the problems thus involved. From the outset of the discussions, it became apparent that no conclusions as to the feasibility of such a move could be drawn without the consideration of a substitute publication. This involved the problem of its support and, in turn, its appeal to the membership.

Consequently, as the scope of the problem presented itself, it became necessary to state an objective. Based on the supposition that there must be adequate communication between the members of the association, it becomes apparent that dissemination of collected material to the members must be prompt, inexpensive, and attractive.

At present, this objective is met by NATH with the service of two separate publications. Inter-Island Nurses' Bulletin in 1945 voluntarily teamed with the HAWAII MEDICAL JOURNAL to assist the doctors who were dubious as to whether the JOURNAL could continue to support itself financially. This association has continued until the present in a fairly satisfactory manner. Now, however, it has become necessary to question the efficiency of this joint venture.

In a recent interview with Mrs. Bennett, Managing Editor of the HAWAII MEDICAL JOURNAL and consequently an unofficial Editor-in-Chief of the Inter-Island Nurses' Bulletin, she stated that severance of the Inter-Island Nurses' Bulletin at this time would be a considerable blow to the doctors' HAWAII MEDICAL JOURNAL.

(Continued on Page 606)

IMPORTANT RESEARCH CONTRIBUTION

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4. **Recovery from severe trauma or burns.**
5. **Nutritional care in wasting diseases such as carcinomatosis and tuberculosis.**
6. **Domiciliary care of decubitus ulcers.**
7. **Care of premature infants.**



*Trademark of G. D. Searle & Co.

SEARLE

(Continued from Page 562)

made a trip back to the United States in 1871.

Three years after the death of his wife in 1883, Dr. Wetmore, together with his daughter, Lucy, spent a year in a trip to the missions of the Marshall and Caroline Islands.

In 1887 the doctor made a second trip back to his home in Massachusetts.

In the early days of sugar plantations, Dr. Wetmore engaged with D. H. and E. G. Hitchcock in establishing and managing Papaikou plantation until 1883. He was also interested in Kohala and other sugar plantations as well as in the Hilo Soda Water Works.

Always interested in education and church work, he was long a trustee of the Hilo Boarding School and served as a deacon of the First Foreign Church of Hilo in 1867.

Dr. Wetmore died May 13, 1898, in Hilo at the age of 78.

Hugo Stangenwald

Hugo Stangenwald was born in Dresden, Germany, on February 19, 1829.

He began his medical and surgical studies in Vienna.

After having served as a surgeon in the great revolutionary movement in Europe, he came to the United States in 1848. In 1849 he followed the great gold rush west to California.

Dr. Stangenwald came to Hawaii in 1850 and opened a daguerreotype gallery from which he earned enough money to return to Vienna and complete his medical course. A few years later he came back to the Islands to stay.

Dr. Stangenwald married Mary Diamond soon after arriving in Hawaii. After her death in 1860, he married her sister, Anne. Three children were born of this second marriage but all died.

The doctor was particularly interested in chemical and electrical experiments.

About 1889 he retired.

Dr. Stangenwald died June 1, 1899, in Honolulu at the age of 70.

Benjamin F. Hardy

Little is known about this American surgeon. He was a member of the first Board of Health organized on December 13, 1850, by order of Kamehameha III by and with the advice of the Privy Council.

Dr. Hardy was associated with Dr. Ed Hoffmann in a partnership which began January 4, 1851. The two men advertised themselves as physicians and surgeons and had an office located at the corner of Merchant and Kaahumanu Streets. However, in 1852 they separated.

During the smallpox epidemic of 1853 Dr. Hardy had a division of the city under his care.

Beyond this no further mention can be found of Dr. Hardy and seemingly he left Hawaii.*

* Most of the material for the above is from a sketch by Mrs. Clarice B. Taylor.

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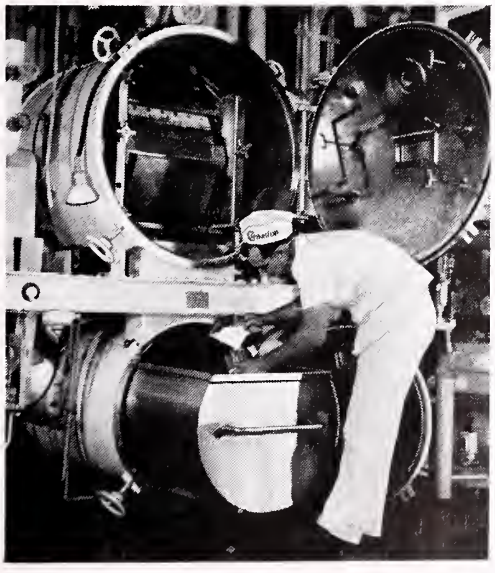
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*Moyer, J. H., and others:
J. Chronic Dis. 2:670, 1955.

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HMSA

(Continued from Page 568)

practices and habits. Some physicians are of the opinion that all physicians should be alerted when their averages of medical incidences are high. If such cases are permitted to continue or grow, the majority of the physicians would suffer by the actions of a small minority. Most physicians are willing to assist HMSA to protect the plan.

For experimental purposes, a complete report of claims experience by doctor was prepared for the year 1955, categorically arranged by various specialty fields. This report also provided data on the Percent of Medical Cases Hospitalized. The results may be reviewed at the HMSA office by any physician who may be interested in his own average as compared to those of other physicians. If the statistics of this report prove valuable, it could be produced annually.

The many uses of the Claims Experience Data produced through our IBM equipment more than justifies the time and effort utilized to prepare these reports. With all this data, HMSA can plan the future with confidence—knowing that there are adequate signposts along the way to guard against impending danger.

MEDICAL ECONOMICS

(Continued from Page 564)

costs. Therefore, the financial fate of Blue Shield and Blue Cross rests with the medical profession. . . . The public will pass judgment on doctors collectively by its experience with Blue Shield, the instrument of the medical profession. . . ."

It is a basic principle among administrators of the voluntary prepayment program that these plans must always be one step behind the medical profession—that the profession, not the plans, must determine the policies of the plans and the destiny of medical practice. This means, simply, that the profession must be one step ahead of the prepayment plans. More specifically this poses an inescapable challenge to you to exercise the leadership in this great adventure and to wield these potent new instruments in such a way as to safeguard the life and health of our democratic society and of a free and independent medical profession.

R. M. KENNEDY
Executive Secretary

PERHAPS IT'S YOUR NERVES

(Continued from Page 559)

things as individual and group psychotherapy, social and recreational therapy, the intensive therapeutic attention of an out-patient clinic, the protective and broad program of a psychiatric hospital, and an opportunity for help from skilled people in solving the problems the drugs have given sick persons strength to face.

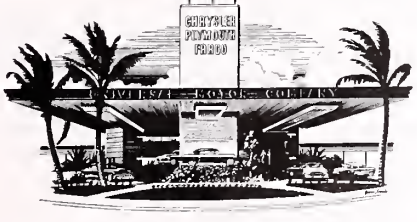
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Correspondence

TO THE EDITOR:

Congratulations on your superb Centennial issue of the HAWAII MEDICAL JOURNAL, celebrating so nicely the Centennial of the Hawaii Medical Association. You and your colleagues may be very proud of the fine way in which you have honored and maintained the traditions established so long ago in the Islands, at a time, in fact, when not very many states on the mainland had functioning medical societies. . . .

You know that I am very interested in all your activities, and you know also that my very best greetings are with you all. You'll have a grand time, and I do wish I could be with you. . . .

CHAUNCEY D. LEAKE, Ph.D.
Dean, Ohio State University
April 26, 1956 *College of Medicine*

TO THE EDITOR:

I want to convey my congratulations and compliments on the Hawaii Medical Centennial and especially on the issue of the HAWAII MEDICAL JOURNAL issued in connection with the celebration. I have read and enjoyed practically every word of it. It made me wish, more than ever, that I could have been present.

FRANK RAMSEY, M.D.
Editor, Journal of the
May 18, 1956 *Indiana State Medical Assn.*

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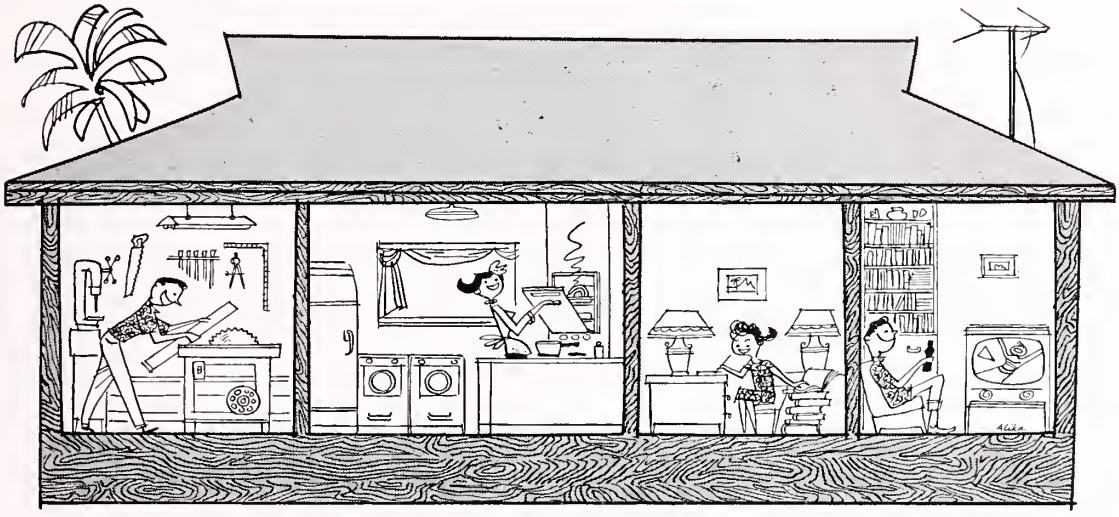
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Your home-owned electric utility • Bringing you better living — electrically

(Continued from Page 567)

lectures as they were given to the students at the bedside. The experience and personality of the patient is woven into the history along with the description of his particular disease. A rich abundance of philosophy adds materially to the understanding of the patient and his affliction. As Issac Walton lauded, "For every ounce of fish, a ton of philosophy, and the smaller the fish the more delicate its white meat."

This book is filled with "meat." There are no illustrations but the author's word pictures obviate their need. The book is highly recommended for those who wish to learn, practice, and teach neurology. Its scientific material is letter perfect. Each case reads like a Conan Doyle novel and the intermingled philosophy removes the risk of the reader being "over educated and yet under cultivated," to quote Sir Hughlings Jackson.

RALPH B. CLOWARD, M.D.

The Neuroses in Clinical Practice.

By Henry P. Laughlin, M.D., 688 pp., illustrated, Price $12.50, W. B. Saunders Company, 1956.

This is a clear, concise, semi-textbook type of book which will be valuable for the consumption of psychiatric residents, general practitioners, and others in non-psychiatric branches of medicine who might be interested in the understanding of the human mind—the how and why of its operation. It especially deals with the definition of the more common neuroses with examples of clinical cases to illustrate them. The appendix includes a brief outline classification of emotional and mental illness and a glossary of psychiatric concepts of terms.

DOROTHY S. NATSUI, M.D.

A Manual of Fractures and Dislocations.

By Barbara Bartlett Stimson, M.D., 224 pp., illustrated, Price $4.50, Lea & Febiger, 1956.

This is the third edition of this small manual on Fractures and Dislocations which has been a popular book since the original edition. It is ideally suited for a quick refresher and for use in the Emergency Room in a hospital by the house staff as well as general practitioners who have not seen fractures too frequently. The fundamental principles of treatment are excellent and simple techniques of bandaging, splinting, casting, etc. are emphasized, as well as the common pitfalls seen in the treatment of fractures generally.

IVAR J. LARSEN, M.D.

Also Received

Our Blind Children.

By Berthold Lowenfeld, Ph.D., 205 pp., Price $5.50, Charles C. Thomas, 1956.

No one involved in any way with a blind child can afford to miss this wise and understanding account, written by the superintendent of the California School for the Blind.

Laboratory Tests in Common Use.

By Solomon Garb, M.D., 160 pp., Price $2.00, Springer Publishing Company, Inc., 1956.

A pocket manual of laboratory tests with reference tables in which conciseness is occasionally overdone.

Adrenal Function in Infants and Children, A Symposium

Edited by Lytt I. Gardner, M.D., 221 pp., illustrated, Price $6.75, Grune & Stratton, Inc.

A valuable reference work with many practical applications.

The Nonvenereal Diseases of the Genitals.

By Fritz T. Callomon, M.D., and John F. Wilson, M.D., 382 pp., illustrated, Price $12.50, Charles C. Thomas, 1956.

Useful reference work for the urologists and gynecologists particularly. Liberally illustrated; numerous references.

The Cellular Basis of Wound Repair.

By Martin Allgower, M.D., 125 pp., illustrated, Price $6.50, Charles C. Thomas, 1956.

A scholarly report of cytologic repair on the mechanisms of wound healing. Beautifully illustrated with 10 pages of references.

The Laboratory Diagnosis of Coagulation Defects.

By Pietro De Nicola, M.D., 240 pp., Price $7.50, Charles C. Thomas, 1956.

All about blood clotting; only a hematologist or a hematology technician would be interested in so exhaustive a treatise.

Bellevue is My Home.

By Salvatore R. Cutolo, M.D., 317 pp., Price $4.00, Doubleday & Company, Inc.

"The story of one of the world's greatest hospitals told by a man who has lived with it and loved it for twenty-five years."

Culture and Mental Disorders.

By Ralph Linton, Sterling Professor of Anthropology, Yale University, 139 pp., Price $4.50, Charles C. Thomas.

The relation of psychiatry to cultural anthropology told by the Professor of Anthropology at Yale University.

Textbook of Medical Physiology.

By Arthur C. Guyton, M.D., 1030 pp., illustrated, Price $13.50, W. B. Saunders Co.

A textbook for students by the Professor of Physiology at the University of Mississippi School of Medicine.

The Medical Clinics of North America.

May 1956, pp. 575-974, W. B. Saunders Co.

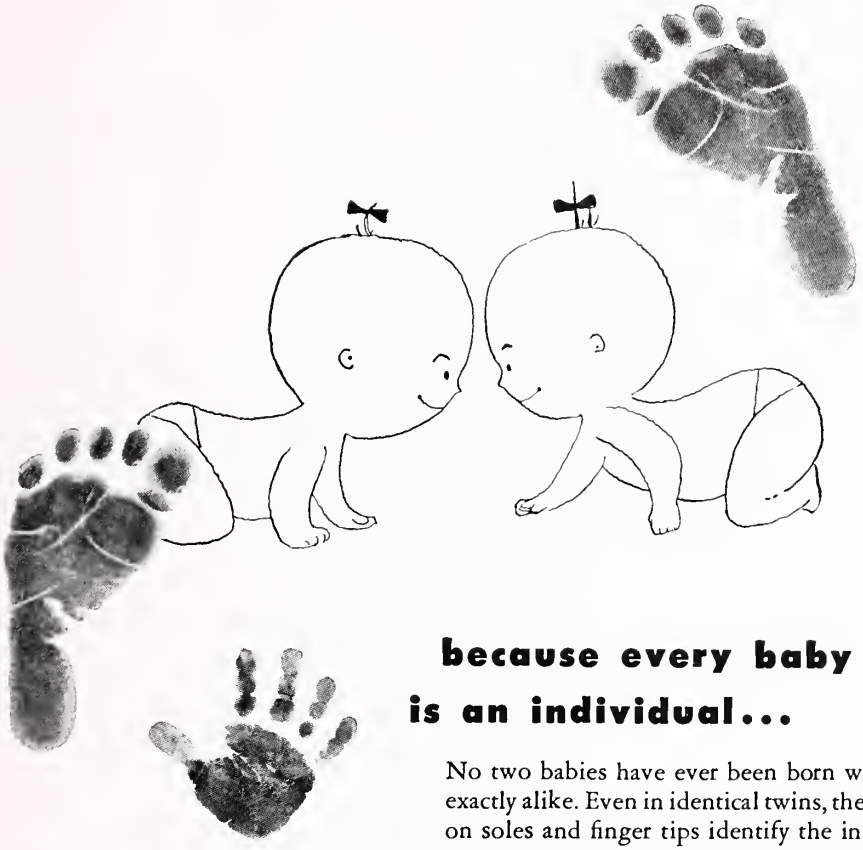
Twenty-five articles on the Medical Aspects of Cancer from the Memorial Center in New York.

Metabolism, Pharmacology and Therapeutic Uses of Gold Compounds.

By Walter D. Block, Ph.D., and Kornelius Van Goor, M.D., 76 pp., Price $2.75, Charles C. Thomas, 1956.

Interesting to dermatologists.

(Continued on Page 602)



because every baby is an individual...

No two babies have ever been born who were exactly alike. Even in identical twins, the tiny whorls on soles and finger tips identify the individual.

So, in infant feeding, the doctor confronts an individual problem each time.

Some years ago, medical research determined that the most satisfactory all-round solution to bottle feeding problems lay in evaporated milk formulae . . . a conclusion borne out by the sure, steady growth of 50,000,000 babies fed evaporated milk.

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PET EVAPORATED MILK
is the "going home" formula for more babies than any other form of milk.

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BOOK REVIEWS

(Continued from Page 600)

Antibiotics Annual—1955-1956.

Edited by Henry Welch, Ph.D., and Felix Marti-Ibanez, M.D., 94 pp., Price $10.00, Interscience Publishers, Inc., 1956.

An important reference work.

Therapy of Fungus Diseases.

Edited by Thomas H. Sternberg, M.D., and Victor D. Newcomer, M.D., 337 pp., Price $7.50, Little, Brown and Company, 1955.

An international symposium covering mycosis from athletes foot to histoplasmosis. Unfortunately discussions, if they took place, were not reported.

Fifth Annual Report on Stress.

Edited by Hans Selye, M.D., and Gunnar Heuser, M.D., 815 pp., Price $17.50, MD Publications, Inc., 1956.

Beautifully bound and printed, enormously detailed with numerous contributed articles. This is a vitally important reference volume. An edition well worth reading.

A Clinical, Pathological, and Genetic Study of Multiple Neurofibromatosis.

By Frank W. Crowe, M.D., William J. Schull, Ph.D., and James V. Neel, M.D., 181 pp., illustrated, Price $5.00, Charles C. Thomas, 1956.

Von Recklinghausen's disease—a geneticist's eye-view. Scholarly and instructive.

The Relationship Between Syringomyelia and Neoplasm.

By Charles M. Poser, M.D., 98 pp., Price $3.50, Charles C. Thomas, 1956.

Syringomyelia is explained as congenital anamolies of closure of the dorsal raphe often associated with neoplasm resulting from glial meningeal inclusion.

The Truth About Cancer.

By Charles S. Cameron, M.D., 268 pp., illustrated, Price $4.95, Prentice-Hall, Inc., 1956.

A thoroughly sound book on cancer for the layman. Widely circulated by the American Cancer Society and the Hawaii Cancer Society. You had better read it if you want to know about cancer just as much as your best informed patients. It is also worth owning so you can lend it to selected persons.

Clinical Recognition and Management of Disturbances of Fluid Balance.

By John H. Bland, M.D., 522 pp., Price $11.50, W. B. Saunders Company, 1956.

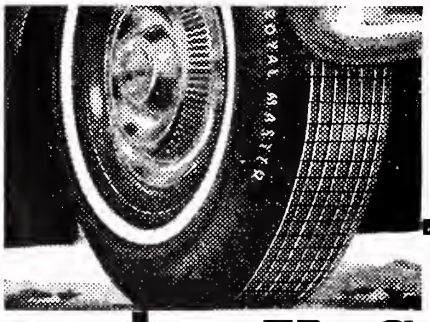
For serious students only. The effect of aldosterone is included so it is right up-to-date.

The Medical Clinics of North America.

March 1956, pp. 271-574, figs. 11-84, W. B. Saunders Company, 1956.

A nationwide symposium on digestive tract diseases.

(Continued on Page 618)



The tire with built-in

PROTECTION OF STEEL

NEW SAFETY-AGE

U. S. Royal Master

- The floating steel safety Crown gives extra protection. Its tread is rupture blowout proof against any known driving hazard.
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Prescribe Isuprel solution with the new pocket-size streamlined plastic DeVilbiss No. 41 nebulizer. Leakproof. Comes with neat, zippered case. Keeps relief within arm's length. Also recommended Isuprel Glossets® — sublingual tablets for unnoticeable therapy of mild asthma.



Inhalation of hand-nebulized Isuprel mist dilates bronchi *without delay*.[1] Night or day — anywhere — the nearness of this swift relief lessens the patient's fear of asthmatic paroxysms. Isuprel aborts an attack of mild asthma almost at once, severe asthma *within 3 minutes*.[2] It relieves bronchospasm even in status asthmaticus.

Isuprel alone in 85%

Compare results: "85% of the severely ill hospital-treated patients were kept comfortable by this drug [Isuprel] alone."[3] Isuprel is one of the most effective agents available for self-medication.[4] There is no doubt that 1 per cent Isuprel is more effective than 1 per cent epinephrine aerosol.[1]

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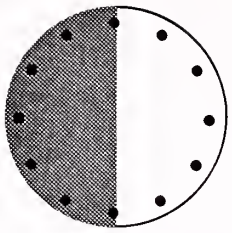
Inhaled Isuprel is exceptionally well tolerated[1-3] and virtually without effect on the cardiovascular system in suggested dosage.[1,5,6] It is "particularly suitable for inhalation in asthmatics with hypertension."[6]

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NEW YORK 18, N. Y. • WINDSOR, ONT.

1. Herxheimer, H. G. J.: The Management of Bronchial Asthma. London, Butterworth & Co., Ltd., 1952, pp. 42, 43, 76.
2. Gay, L. N., and Long, J. W.: Council on Pharmacy and Chemistry, *J.A.M.A.*, 139:452, Feb. 12, 1949.
3. Segal, M. S., and Beakey, J. F.: *Ann. Allergy*, 5:317, July-Aug., 1947.
4. Lowell, F. C., Curry, J. J., and Schiller, I. W.: *New England Jour. Med.*, 240:45, Jan. 13, 1949.
5. Smart, R. H., Davenport, C. K., and Pearson, G. W.: *J.A.M.A.*, 150:1385, Dec. 6, 1952.
6. Burrage, W. S., and Irwin, J. W.: *Med. Clin. North America*, 36:1269, Sept., 1952.

Isuprel (brand of isopropylorterenol) and Glossets (brand of sublingual tablets) trademarks Reg. U. S. Pat. Off.



In 30 minutes–
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In 24 hours–
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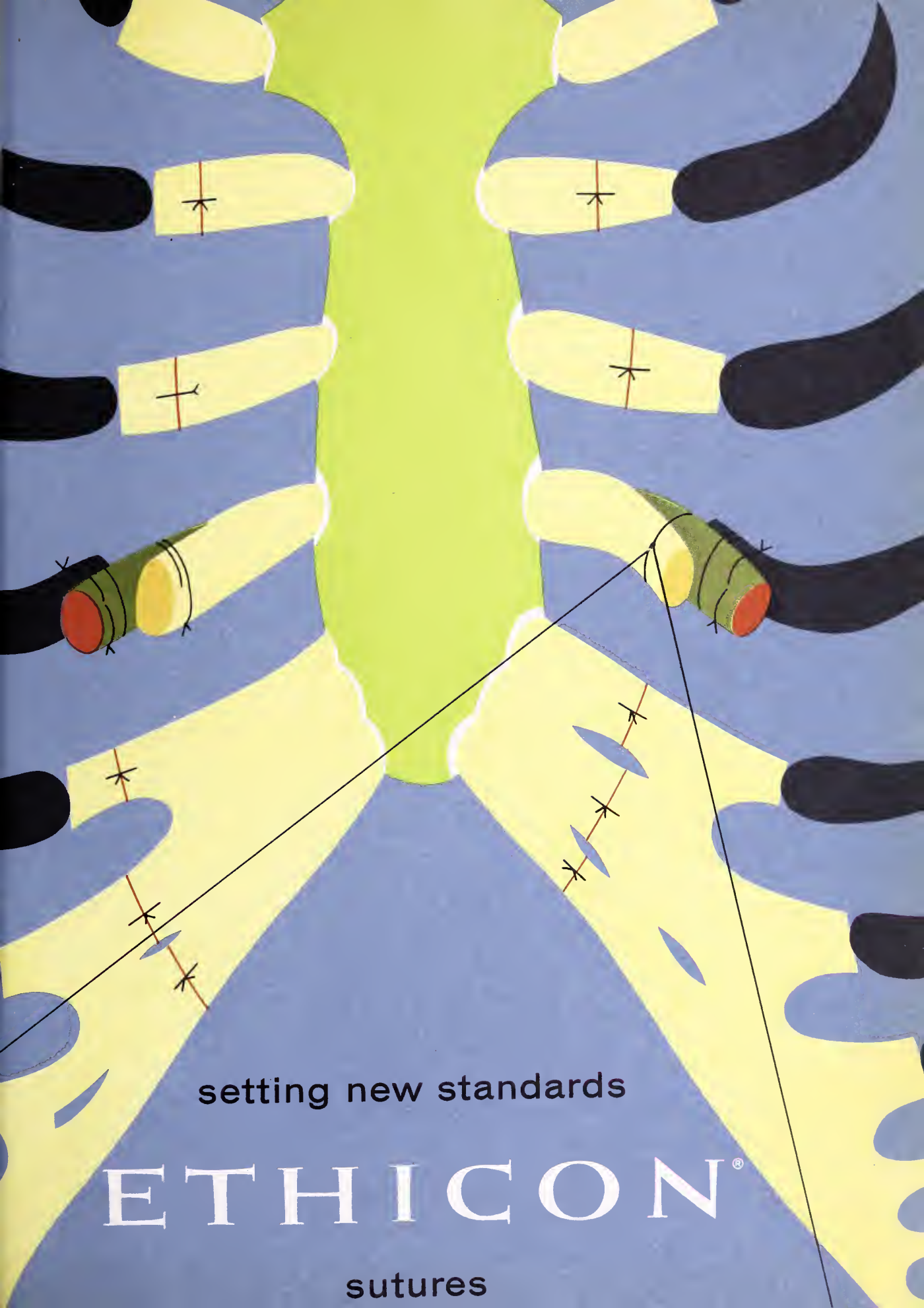
- specific affinity for the urinary tract produces high antibacterial concentrations in urine in minutes—continuing for hours
- hundreds of thousands of patients treated safely and effectively
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- excellent tolerance—nontoxic to kidneys, liver and blood-forming organs
- no cases of monilial superinfection ever reported

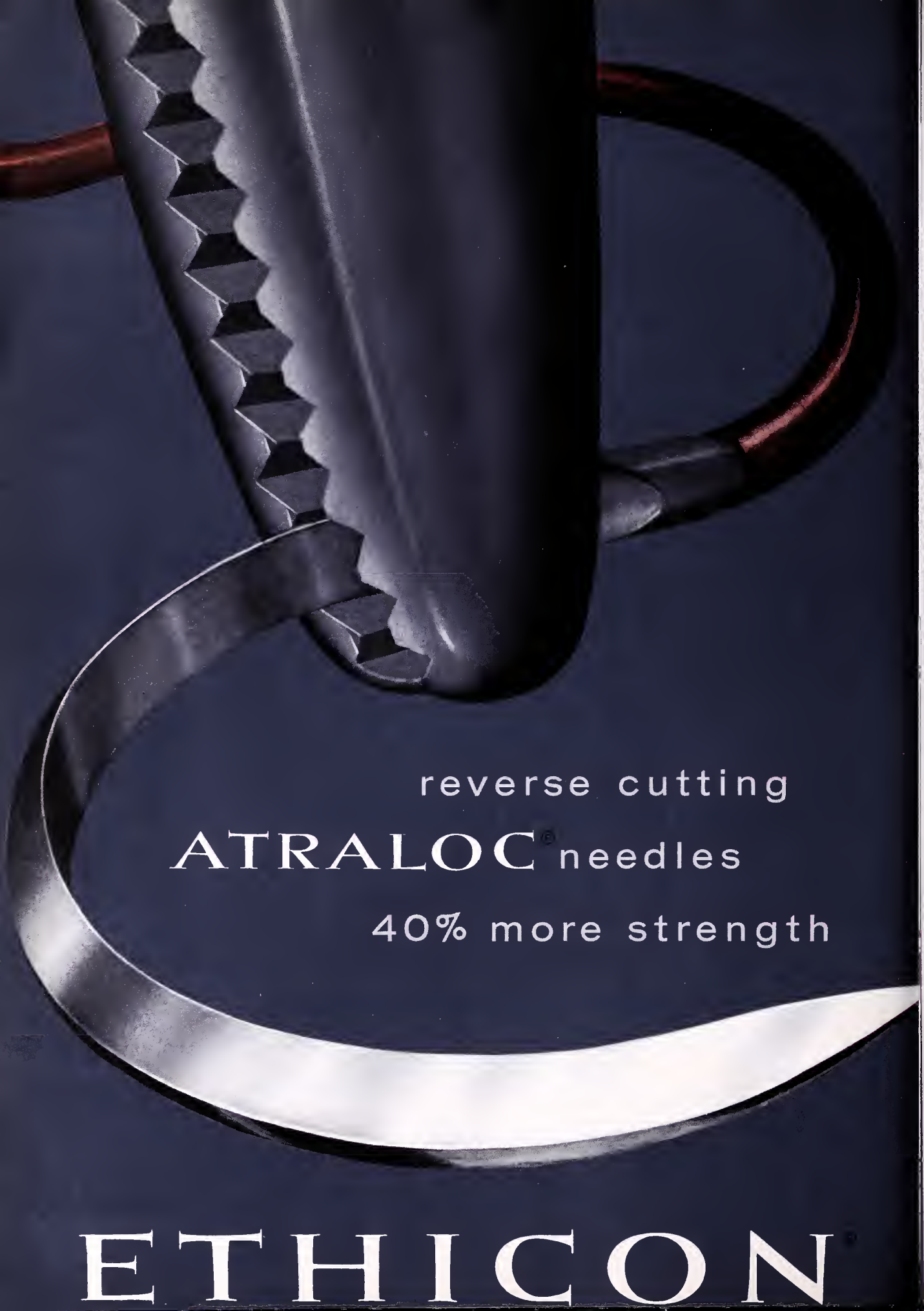
SUPPLIED: Tablets, 50 and 100 mg. in bottles of 25 and 100.
Oral Suspension, 5 mg. per cc. bottle of 118 cc.

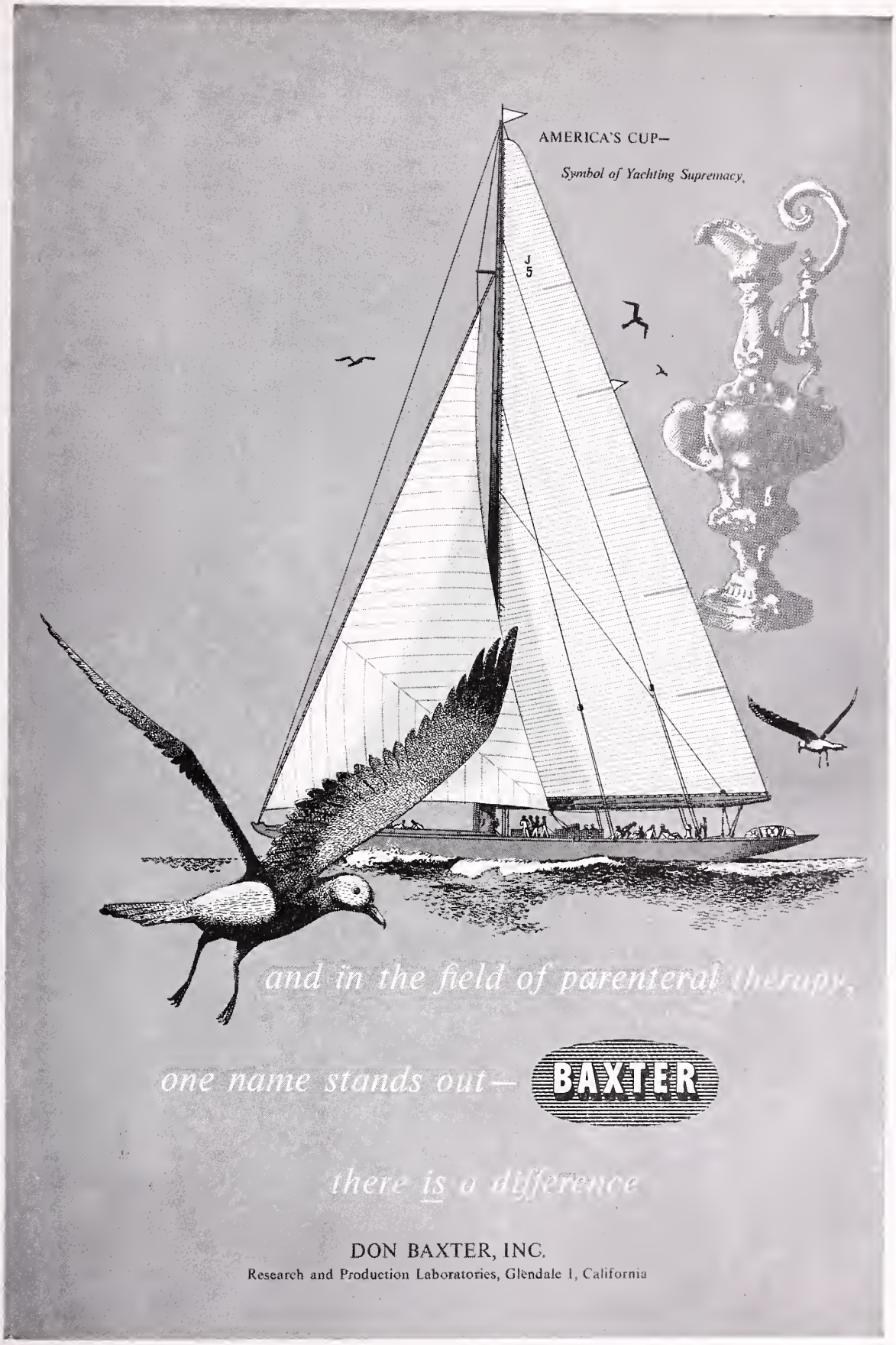
*Breakey, R. S.; Holt, S. H., and Siegel, D.:
J. Michigan M. Soc. *54*: 805, 1955.

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NURSES' BULLETIN

(Continued from Page 592)

The operating costs of the JOURNAL have recently gone up 30% requiring an increase in subscription rates for the doctors to $4.00 annually. There has been no increase in the subscription rate to nurses, however.

If the nurses withdrew from the joint publication, this will not only represent a loss of their subscription rates but will force the JOURNAL to lower its rates to advertisers.

The new advertising contracts start at the beginning of 1957. These contracts are drawn up for signature in September. According to Mrs. Bennett, the signing of these contracts need not be taken into consideration by the membership of NATH in reaching its decision.

The deadline for the Inter-Island Nurses' Bulletin appears to be the greatest obstacle in the path of achieving an entirely satisfactory publication with the present arrangement.

The Bulletin appears bi-monthly. A July-August issue for example appearing in early August. Material submitted to the Nurses' Association for August issue must be in before May 31 in order to be on the editor's desk by June 1.

The Nurses' Association's editor is thus forced to request such material in early May. This automatically limits the kind and amount of coverage this Bulletin can give the Association. Feature articles which are timeless must be the backbone of the JOURNAL and it precludes the dispersing of informative material which is in any way urgent.

Nurses who are asked to write articles for an issue so far in advance have difficulty in feeling the importance of their task and also in selecting factors which will still be pertinent after three months processing. Consequently, although it is possible to use more space in the Bulletin, it is frequently a problem to fill more than four pages.

Photographs cannot be used too liberally due to the rather high cost to NATH for each photograph published.

The second publication is the Newsletter which started originally in 1955 in order to make news of importance to members available more rapidly. This Newsletter has been continued as an absolutely free service to members since there has never been any action taken on the ways and means of financing such a paper and it is a considerable drain on the budget. There have been two issues this year. Each has cost NATH $87.60 for printing and $15 for stamps.

Since there is no appropriation for its support, the current issues have been paid for out of money set aside for office expenses. This practice will undoubtedly cause this item in the budget to appear in the red at the end of the year.

With such a precarious financial problem, the publication of each issue is necessarily up to the Board of Directors and consequently steady advertising income and bulk mailing privileges are not possible. NATH Newsletter has been very popular with the nurses. It is particularly enjoyed by the nurses on the outer islands who desire and appreciate anything which permits closer contact with the Association.

In order to evaluate the foregoing statement of our present position, the Committee made a comparative study of the available mainland publications. The findings are given below.

Out of the 24 publications of the state nurses' associations which we have currently on hand, nine are published monthly, eight quarterly and seven are bi-monthly publications. Delaware publishes a large magazine twice a year and a minor mimeographed one each month. Nineteen of the states include the subscription rate in dues. The dues for non-members are $1.50-$2.00 per year. This price is also the average price for the five states which make subscription optional.

All of these publications have an attractive appearance. The quality of paper is excellent and the print is large and clear. They contain several advertisements and many of them feature articles on nursing care as well as their local news and material from ANA.

It would not be possible for our bulletin to compete with a 20 page journal put out each month by the California State Nurses' Association. However, with good planning, an independent publication could be satisfactorily achieved.

Present subscription to the combined Bulletin costs $2.00 per person which is included in the membership dues. This represents approximately $1,200 yearly allowance for an Inter-Island Nurses' Bulletin. Such a bulletin would have ample financial support with the help of advertisement to appear monthly, and annually, to achieve a large comprehensive issue covering the year's work. There would be adequate funds available for the selection of attractive paper and type and to insure a quality nurses' publication.

There would also be a surplus fund developed from the publication which could be used in many ways such as the purchase of an addressograph machine. Its price could be under $100 and would be the only major expense incurred by the separa-

(Continued on Page 608)

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Ulcer protection that lasts all night:

Pamine* BROMIDE

Tablets

Each tablet contains:
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Average dosage (ulcer):
One tablet one-half hour before meals, and 1 to 2 tablets at bedtime.

Supplied: Bottles of 100 and 500 tablets

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Each 5 cc. (approx. 1 tsp.) contains:
Methscopolamine bromide ..... 1.25 mg.

Dosage:
1 to 2 teaspoonfuls three or four times daily.

Supplied: Bottles of 4 fluidounces

Sterile Solution

Each cc. contains:
Methscopolamine bromide ..... 1 mg.

Dosage:
0.25 to 1.0 mg. (¼ to 1 cc.), at intervals of 6 to 8 hours, subcutaneously or intramuscularly.

Supplied: Vials of 1 cc.

*TRADEMARK, REG. U. S. PAT. OFF.—THE UPJOHN BRAND OF METHSCOPOLAMINE

The Upjohn Company, Kalamazoo, Michigan

NURSES' BULLETIN

(Continued from Page 606)

tion of the Nurses' Bulletin from the MEDICAL JOURNAL since the addressograph machine currently used by NATH is the property of the Hawaii Medical Association. NATH ownership of an addressograph would of course make available its use to the districts and committees as well. This item could be taken from the surplus fund but further use of this fund would of course have to be determined. Bulk mailing privileges could be obtained for a regularly published bulletin thereby making a saving on postage since at the moment the Newsletter must pay full postage rates.

If it is decided that NATH should publish its own Inter-Island Nurses' Bulletin independently, it might be helpful to consider the following recommendations for a model type of publication. These excerpts are from the August 1955 *Nursing Outlook*. The article by Thelma M. Butts is of interest here since it is indicative of the amount of work and consideration which must be undertaken in order to publish the first rate journal which would be NATH's. "A newsletter is one of the best ways to keep the members in the know."

a) In general the purposes of a newsletter as listed are: 1) to explain and interpret association policies; 2) to inform members about what has been done, is being done, and is proposed to be done; and 3) to give the members pertinent information about activities of the national organization.

b) In budgeting, the planning committee should consider the cost of time spent in making mimeographed newsletters before it turns down the plan for having a letter service company do the job.

c) The quality of its newsletter exemplifies the association, and its production should be turned over to specialists in that work.

d) Keep the "common touch."

e) Make a definite decision about the contents.

f) One person should have the responsibility of editing: collecting material, choosing from all the material available, rewriting it, and working with the letter service company.

g) Whatever process is used to reproduce copy, variety in its presentation is vital.

h) Each newsletter should be a quality product for it represents a quality association.

It can interest and hold present members, and serve as a means of interesting new members if the newsletter committee and the membership committee work hand-in-hand.

It is the opinion of this Committee that an ideal publication for the NATH membership should include the following factors.

Each monthly issue to appear the third week of the month in order that it be out in time for district board meetings. This would also enable the quarterly issue to carry a first hand report of the NATH board meeting to the districts before their meetings.

Besides the president's message, each issue should have a calendar of coming events and meetings for the convenience of the members. Reports, minutes and ANA material could be effectively disseminated to districts through this publication. It would also reduce both NATH and districts' office expenses for mimeographing and mailing.

The features should include articles on what's new in nursing or nursing techniques, or perhaps reports from medical journals in order to give nurses an extra educational opportunity. There may be a section for answering inquiries not only about nursing but also about NATH and ANA.

Classified ads could be handled simply by telephone in the NATH office and would provide an inexpensive service to members and also an additional income to NATH.

There should be a great deal of variety of material in order to interest all nurses who subscribe. Some humor, poetry, articles from nurses abroad and even cartoons could be added as space permits. Pictures would also help to make it an attractive bulletin. If the bulletin had a wide enough appeal, it could be a useful instrument in gaining membership.

Its circulation should include all active members and associate members with special rates for students and non-members, thereby increasing knowledge of the Association among nursing personnel.

Instead of the editor soliciting each ad individually prior to publication, it should be possible for the advertising manager to plan with clients in advance and in this way guarantee them fair rates and a substantial circulation. The advertisers would in turn be firms with products of particular interest to nurses and selected carefully upon which nurses could rely for quality.

It would seem that this sort of a publication could best fulfill NATH's obligation to its own nurses and provide excellent opportunities for building a first rate nurses' bulletin with considerable prestige value both territorially and on the mainland.

* * *

The continuation of "What's Happened In NATH's History" will appear in the next issue.

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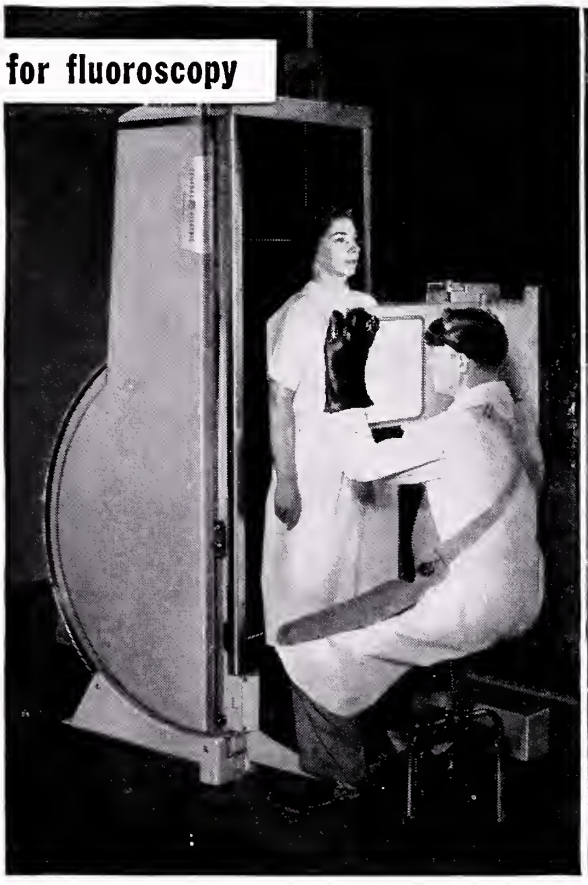
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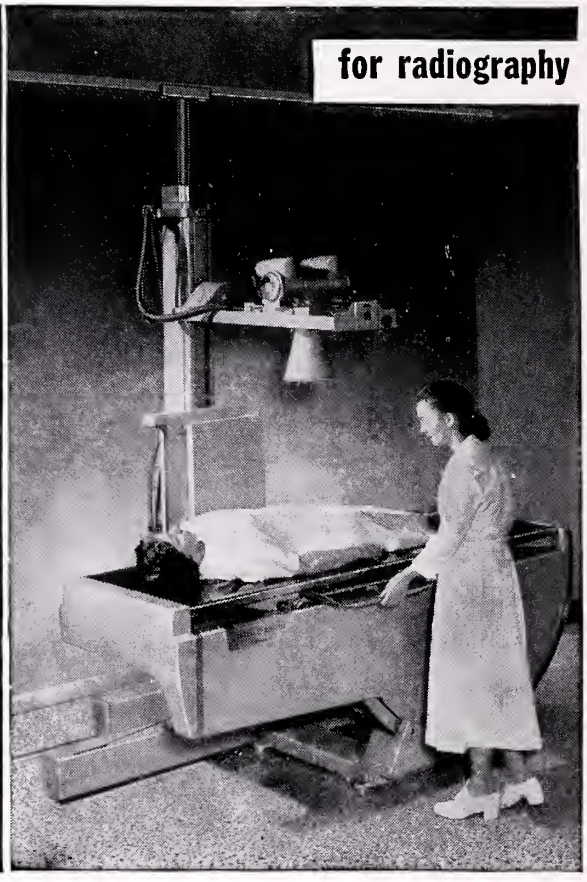
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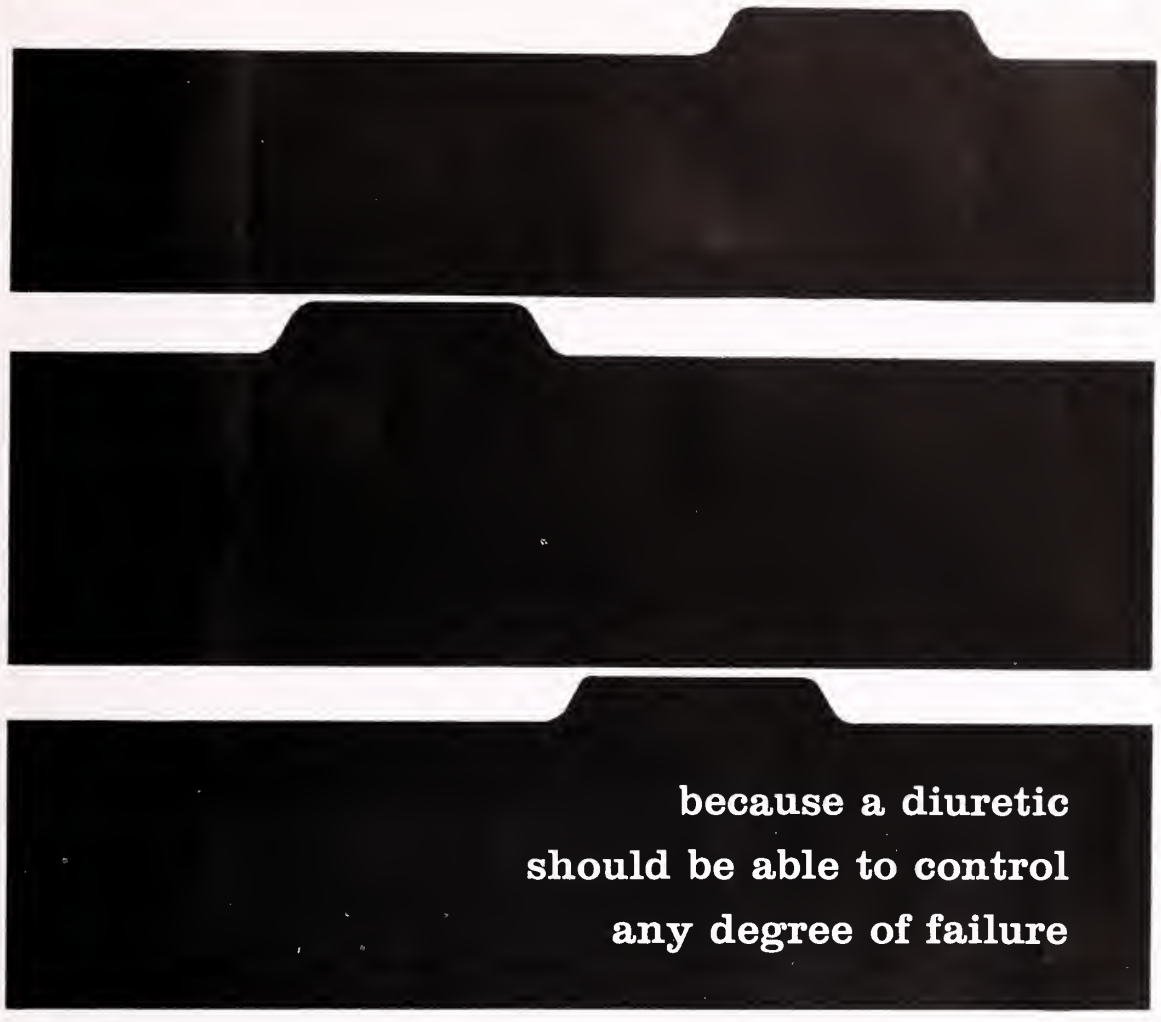
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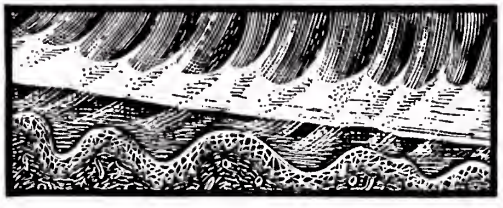
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VAGISEC liquid penetrates to trichomonads buried among the vaginal rugae and imbedded in mucus and desquamated cells.

Hidden trichomonads. Trichomonads do not exist in the vaginal secretion alone. They are vigorously motile and burrow deeply into the surface of the vaginal mucosa where cellular debris and mucus cover them. VAGISEC liquid lowers surface tension, penetrates the cellular debris and dissolves mucoid material[1,2] that lines the vaginal wall and lies buried among the rugae. It reaches and explodes hidden as well as surface trichomonads.

Unique overpowering action. VAGISEC liquid combines a chelating agent and two surface-acting agents that act in balanced blend to weaken the trichomonad's cell membrane, to remove its waxes and lipids, and to denature its proteins. The parasite imbibes water, swells up and explodes. *No other agent or combination of agents kills the trichomonad in this specific fashion, or with this speed.*

Trichomonads explode within 15 seconds. "Motion pictures taken through a phase-contrast microscope at 24 frames per second show that individual trichomonads are destroyed within 10 to 14 seconds after contact . . ." with solution of VAGISEC liquid.[3]

The Davis technique.† The remarkable speed and uniquely effective action of this trichomonacide are the result of the intensive research of its originators, Dr. Carl Henry Davis, well-known gynecologist and author, and C. G. Grand, research physiologist, who introduced the agent as "Carlendacide" and had it clinically tested by more than 150 physicians, including over 100 leaders in obstetries and gynecology.[2,3] In this extensive evaluation, better than ". . . 90 per cent of apparent cures have been obtained. . . ."[2] For "the small percentage of women who have an involvement of cervical, vestibular or urethral glands, other treatments will be required."[3]

Office treatment. Expose vagina with speculum. Wipe walls dry with cotton sponges and wash thoroughly for about three minutes with a 1:100 dilution of VAGISEC liquid. Remove excess fluid with cotton sponges. Office treatments are an integral part of the Davis technique.

Home treatment. Prescribe both VAGISEC liquid and jelly. Patient douches with VAGISEC liquid every night or morning and then inserts VAGISEC jelly. Home treatment is continued through two menstrual cycles, but omitted on office treatment days. Douching contraindicated in pregnancy.

Summary. VAGISEC liquid penetrates to hidden trichomonads and explodes them in 15 seconds. VAGISEC jelly and liquid are nontoxic and non-irritating, leave no messy discharge or staining. VAGISEC liquid and jelly have been clinically tested and proved a remarkably fast-acting, effective treatment for vaginal trichomoniasis.

Active ingredients: Polyoxyethylene nonyl phenol, Sodium ethylene diamine tetra-acetate, Sodium dioctyl sulfosuccinate. In addition, VAGISEC jelly contains Boric acid, Alcohol 5% by weight.

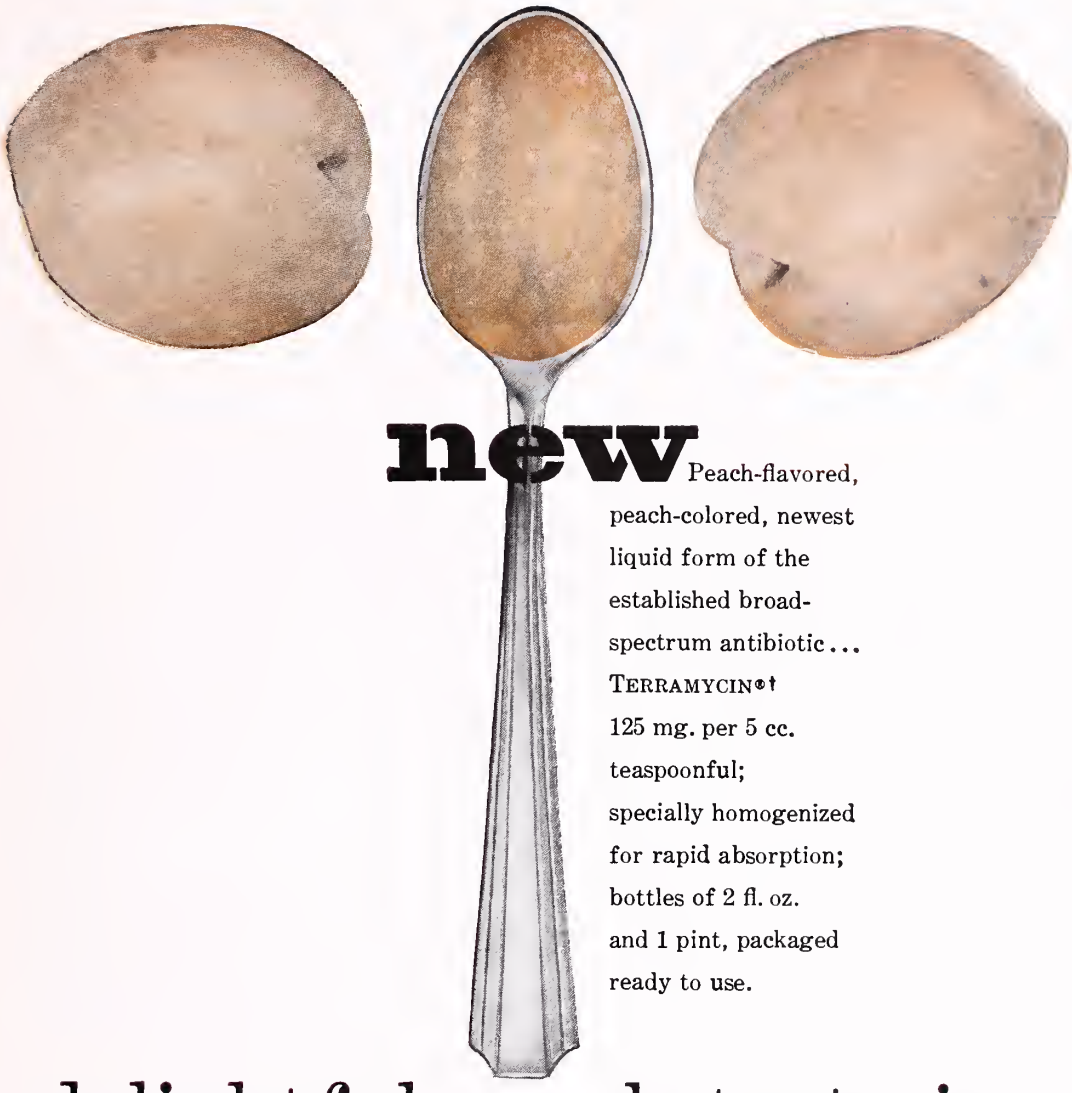
1. Davis, C. H.: Am. J. Obst. & Gynec. *68*:559 (Aug.) 1954.
2. Davis, C. H.: West. J. Surg. *63*:53 (Feb.) 1955.
3. Davis, C. H.: J.A.M.A. *157*:126 (Jan. 8) 1955.

†Pat. App. for

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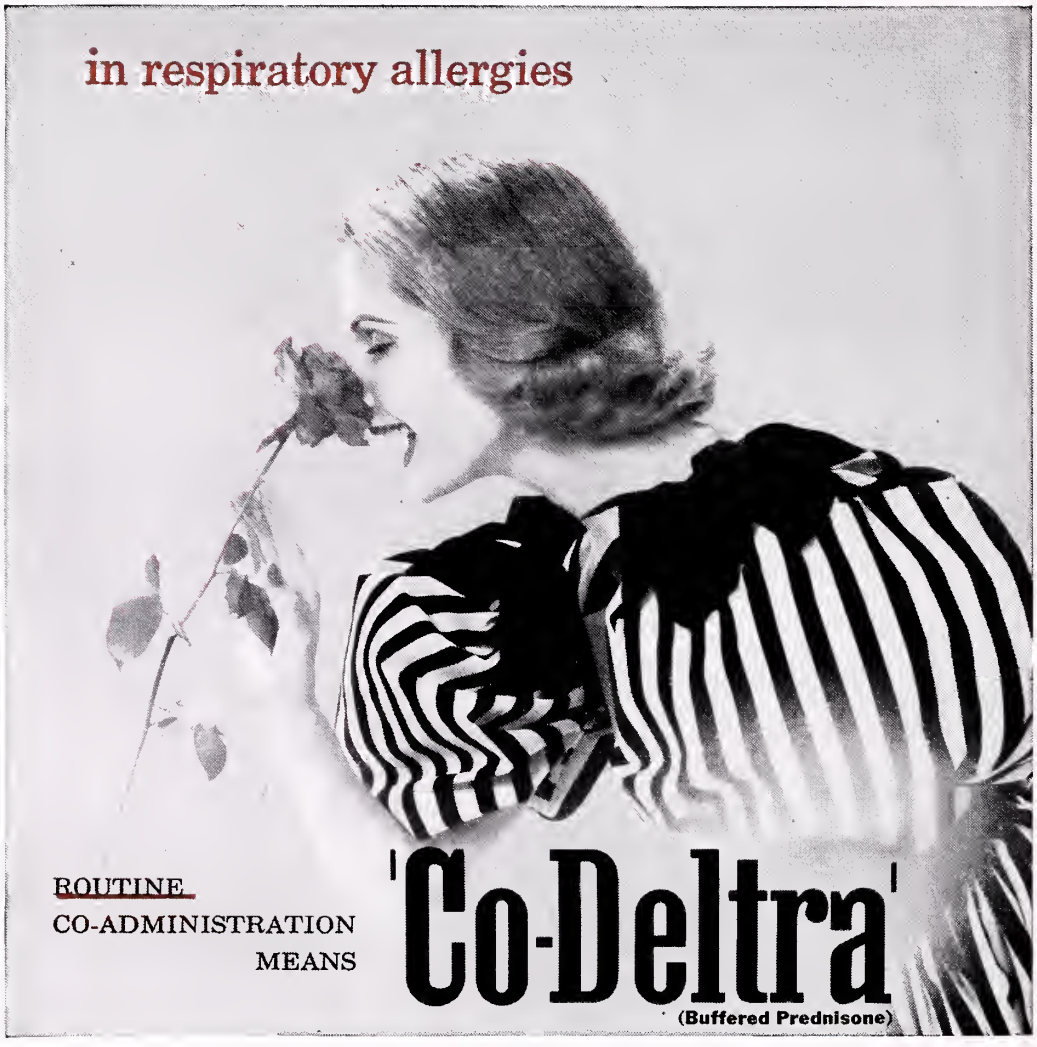
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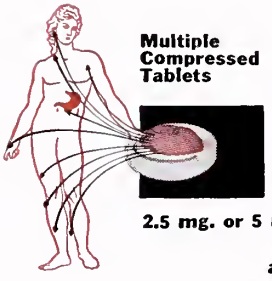
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References: 1. Boland, E. W., *J.A.M.A.* **160**:613, February 25, 1956. 2. Margolis, H. M., *et al.* *J.A.M.A.* **158**:454, June 11, 1955. 3. Bollet, A. J., *et al.* *J.A.M.A.* **158**:459, June 11, 1955.

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(Continued from Page 569)

read. Members of the Medical Society who were interested in appearing before this committee were asked to make appointments as soon as possible as the committee was anxious to wind up their investigation at an early date.

There being no further business, the meeting adjourned to the lanai for refreshments.

R. T. West, M.D.
Secretary

Kauai

The regular monthly meeting of the Kauai County Medical Society was called to order on Tuesday, April 3, 1956, at 7:30 P.M. in the G. N. Wilcox Memorial Hospital library by the President. Members present were Drs. Cockett, Ishii, Kim, Kuhlman, Masunaga, Fujii, Wallis, and Schilling.

Dr. Fujii was appointed program chairman by the president. Dr. Cockett was nominated a second alternate to represent KCMS at HMSA.

Films on surgical emergencies of the abdomen followed adjournment.

* * *

The regular monthly meeting of the Kauai County Medical Society was called to order Tuesday, May 1, 1956, at 7:30 p.m. in the G. N. Wilcox Memorial Hospital library by the President.

Members present: Drs. Cockett, Kuhns, Kim, Boyden, Masunaga, Goodhue, Wade, Kuhlman, Wallis, and Schilling.

Dr. Kim reported on the delegates meeting at the Hawaii Medical Association Centennial Convention. Items for action by members were:

1. Increase in Hawaii Medical Journal fee to $4.00 a year. Moved by Dr. Wade and recorded by Dr. Kuhns to approve new rate. Carried.

2. Appropriation of $150.00 to legislative committee. This would involve a $25.00 assessment of the Kauai County Medical Society.

It was moved by Dr. Wade to approve the $25.00 assessment and refer future appropriations for the legislative committee to the House of Delegates for incorporation in the annual budget. Seconded by Dr. Boyden and carried.

Dr. Cockett was appointed representative of Kauai County Medical Society to Kauai Chapter of the National Foundation of Infantile Paralysis.

Discussion of the 1947 annual meeting of Hawaii Medical Association, which is to be held on Kauai, ensued.

An amendment to the constitution and by-laws was proposed to change the date of the Kauai County Medical Society annual meeting to the first Tuesday in January. It was moved, seconded, and carried to have the secretary submit these changes for approval.

Dr. Kim presented mass survey procedure for approval by member physicians.

Stanley Schilling, M.D.
Secretary

(Continued on Page 616)

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*Modell, W.: The Relief of Symptoms, Philadelphia, W. B. Saunders Company, 1955, pp. 265-266.

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COUNTY SOCIETY REPORTS

(Continued from Page 615)

Maui

A special meeting of the Maui County Medical Society was called to order by President Dr. James F. Fleming at 7:45 P.M. Tuesday, April 10, 1956. Present for dinner were: Drs. Patterson, H. Kushi, Fleming, Kanda, McArthur, Tompkins, Ferkany, Sanders, Otsuka, Tofukuji. Guests: Drs. Nishijima and Bowles. The following doctors arrived after dinner: Drs. Wong, Burden and Izumi.

An interesting movie was shown by Dr. Fleming on method and technique in ultrasonic therapy.

Dr. S. Nishijima of the Hawaii Medical Association Maternal and Child Health Committee reviewed the 15 cases that had come up before their committee thus far.

* * *

A special dinner meeting of the Maui County Medical Society was held on June 1, 1956, at the Central Maui Memorial Hospital.

Present for dinner were: Doctors Patterson, Underwood, Fleming, Sanders, Moran, Shimokawa, Kanda, E. Kushi, A. Y. Wong, H. Kushi, Ferkany, Burden, Totherow, Ohata, Kashiwa, Izumi, McArthur, Cole, Otsuka, Tong, Tofukuji. Guests were: Doctors Yamauchi, Bergquist, DeBakey, Iaconetti, Boyd, Good, Reichest and Mr. Nicholetti.

Movie on Thorazine by Mr. Felix N. Nicholetti of Smith, Kline and French Laboratories was shown.

Dr. Patterson introduced our guest speaker for the evening, Dr. Michael DeBakey, Professor of Surgery at Baylor University Medical School in Houston, Texas, whose topic was "Arteriosclerotic Occlusive Diseases of the Lower Extremities."

The formal meeting was called to order by Dr. Fleming.

A letter from HMSA was read which stated Dr. Kashiwa was accepted as second alternate on the HMSA Board of Directors.

Dr. H. Kushi moved, seconded by Dr. Sanders, that Dr. Charles Bergquist be accepted as a member. The secretary was instructed to cast a unanimous vote.

In reference to the letter from Dr. Stisher, president of the Maui Dental Society, asking the Maui County Medical Society to help in getting fluoridation of water on Maui, motion was made by Dr. Burden, seconded by Dr. Wong, that the secretary write a letter to the Maui Dental Society informing them of the fact that the Maui County Medical Society has gone on record in the recommendation of fluoridation of water.

Dr. Fleming will be in charge of the Civil Defense Emergency Program.

An assessment of $25.00 to cover costs of dinners to be continued.

Dr. Otsuka announced that he is going to restrict his practice to roentgenology and dermatology.

Dr. Fleming announced that Mrs. Tompkins wants to present to us with a ceremony two volumes of biographical sketches of deceased doctors in Hawaii, compiled by the Woman's Auxiliaries of the Territory of Hawaii. This matter to be taken up when we receive the books.

It was moved by Dr. McArthur, and seconded by Dr. Izumi, that in giving the polio shots the charges be $1.50 for vaccine obtained from the Board of Health.

Meeting adjourned at 11:20 P.M.

MAMORU TOFUKUJI, M.D.
Secretary

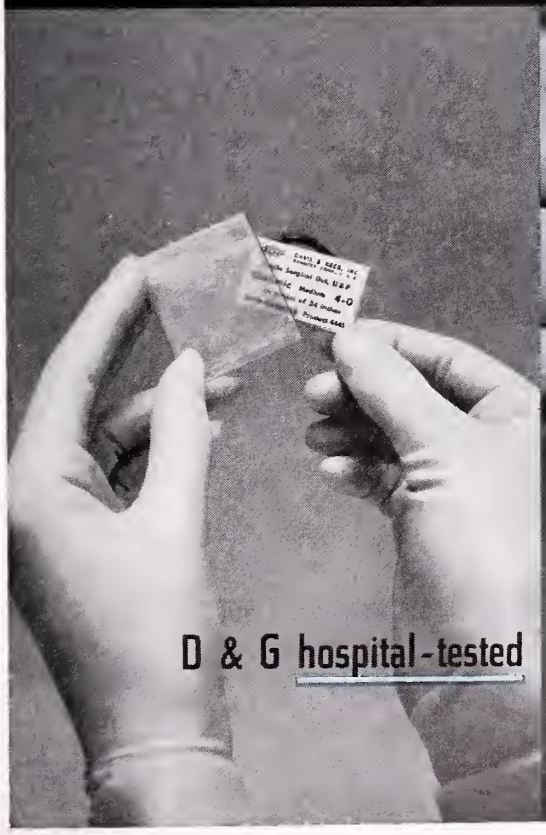
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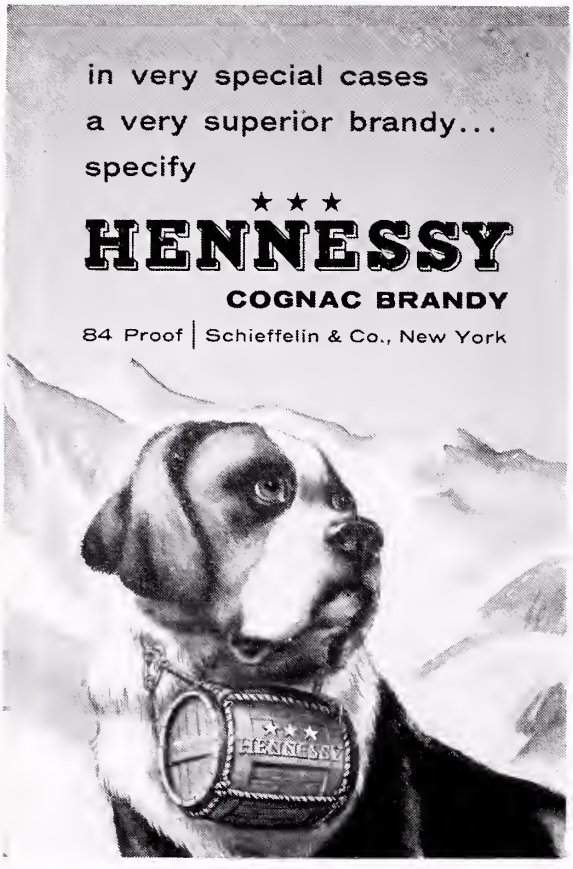
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BOOK REVIEWS

(Continued from Page 602)

Noradrenaline.

By U. S. von Euler, M.D., 382 pp., Price $11.50, Charles C. Thomas, 1956.

An eminent Swedish physiologist has far more to say about Noradrenaline than most physicians want to know. There are 41 pages of references. A valuable reference work.

Hypothalamic-Hypophysial Interrelationships.

Compiled and edited by William S. Fields, M.D., Roger Guillemin, M.D., and Charles A. Carton, M.D., 156 pp., Price $4.75, Charles C. Thomas, 1956.

Report of the symposium on what is probably the most important, single, unanswered question in medicine today.

Ciba Foundation Symposium on Porphyrin Biosynthesis and Metabolism.

Edited by G. E. W. Wolstenholme and Elaine C. P. Millar, 308 pp., Price $6.75, Little, Brown and Company, 1956.

Another beautifully presented and scholarly symposium with skillfully edited discussions about an extremely important but still rather esoteric subject.

Arteriosclerosis.

Edited by Ancel Keys, Ph.D., 186 pp., University of Minnesota, 1956.

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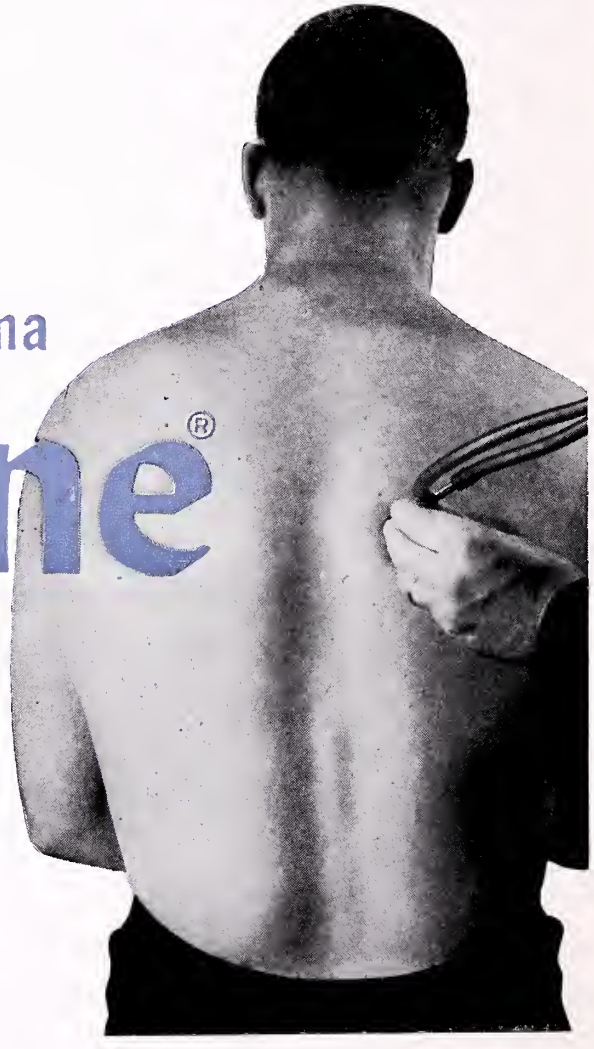
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1. Johnston, T. G., and Cazort, A. G.: J. Allergy 27:90, 1956. 2. Schwartz, E.: New York J. Med. 56:570, 1956. 3. Schiller, I. W., et al.: J. Allergy 27:96, 1956.

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